

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

0109066 AV

**DOCUMENT # H31833**

**1. Entity Name**  
**SCION INTERNATIONAL, INC.**

03-14-2002 90372 001 \*\*\*300.00

**Principal Place of Business**

~~5200 BLUE LAGOON DRIVE~~  
~~STE 890~~  
~~MIAMI FL 33126~~  
 US

**Mailing Address**

~~5200 BLUE LAGOON DRIVE~~  
~~STE 890~~  
~~MIAMI FL 33126~~  
 US

**2. Principal Place of Business**

**12415 SW 136 Ave**  
 Suite, Apt. #, etc.  
**Unit # 2**  
 City & State  
**Miami, FL**

**3. Mailing Address**

**Same as other**  
 Suite, Apt. #, etc.  
**"**  
 City & State  
**"**



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**59-2489566**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LEVINSON, MELVIN M.D.**  
**5200 BLUE LAGOON DRIVE**  
**STE 890**  
**MIAMI FL 33126**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**7. Name and Address of New Registered Agent**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PSD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CHAKOFF, STEPHEN</b>	
<b>STREET ADDRESS</b>	<b>5200 BLUE LAGOON DR, STE 890</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>	
<b>TITLE</b>	<b>T/D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>LEVINSON, MELVIN E MD</b>	
<b>STREET ADDRESS</b>	<b>5200 BLUE LAGOON DR, STE 890</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>LEVINSON, MICHAEL P</b>	
<b>STREET ADDRESS</b>	<b>5200 BLUE LAGOON DRIVE STE 890</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33126</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Stephen Chakoff*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

CR2E034 (9/01)