

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000051250**

1. Entity Name

S & C INTERNATIONAL GROUP, CORP.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90003 042 ***150.00

Principal Place of Business

740 MERIDIAN AVENUE #2
MIAMI BEACH FL 33139

Mailing Address

740 MERIDIAN AVENUE #2
MIAMI BEACH FL 33139

2. Principal Place of Business

7441 WAYNE AVE

Suite, Apt. #, etc.

8 A

3. Mailing Address

7441 WAYNE AVE

Suite, Apt. #, etc.

8 A

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

75-1073232

Applied For

Not Applicable

Zip

Country

33141

USA

Zip

Country

33141

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETRILLO, SILVANA V
740 MERIDIAN AVENUE #2
MIAMI BEACH FL 33139

Name

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

City

FL

Zip Code

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	PETRILLO, SILVANA V	
STREET ADDRESS	740 MERIDIAN AVENUE #2	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENITEZ, CLAUDIO JAVIER	
STREET ADDRESS	740 MERIDIAN AVENUE #2	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRILLO SILVANA VALERIA	
STREET ADDRESS	7441 WAYNE AVE 8A	
CITY-ST-ZIP	M. BEACH, FL 33141	
TITLE	DVT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITEZ CLAUDIO JAVIER	
STREET ADDRESS	7441 WAYNE AVE 8A	
CITY-ST-ZIP	M. BEACH, FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SILVANA PETRILLO

04/20/01

305-866-6108

Date

Daytime Phone #

CR2E034 (10/00)