# FILED
# Jun 23, 2003 8:00 am
# Secretary of State
05-05-2003 91842 043 ***150.00

## FOR PROFIT CORPORATION
## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000 51250

1. Entity Name
S & C INTERNATIONAL GROUP, CORP

**DO NOT WRITE IN THIS SPACE**

[redacted] 55049674

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3400 NE 192 ST | |
| Suite, Apt. #, etc. 603 | Suite, Apt. #, etc. |
| City & State AVENTURA, FL | City & State |
| Zip 33180 Country USA | Zip Country |

4. FEI Number 651073232 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CLAUDIO BENITEZ

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

3400 NE 192 ST # 603

City AVENTURA FL Zip Code 33180

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] 4-29-03

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) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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

| | | | |
|---|---|---|---|
| TITLE | DPS | TITLE | |
| NAME | PETRILLO, SILVANA V | NAME | |
| STREET ADDRESS | 3400 NE 192 ST # 603 | STREET ADDRESS | |
| CITY-ST-ZIP | AVENTURA, FL 33180 | CITY-ST-ZIP | |
| TITLE | D | TITLE | |
| NAME | BENITEZ, CLAUDIO JAVIER | NAME | |
| STREET ADDRESS | 3400 NE 192 ST #603 | STREET ADDRESS | |
| CITY-ST-ZIP | AVENTURA, FL 33180 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | — | NAME | |
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**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** [signature] 4-29-03 (305) 218-3107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #