

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90060 020 \*\*\*150.00

03/22/02 AV

**DOCUMENT # P00000057416**

1. Entity Name  
**SCIGA CORP.**

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| Principal Place of Business<br><b>3900 N.W. 79TH AVE.<br/>         SUITE 741<br/>         MIAMI FL 33166</b> | Mailing Address<br><b>3900 N.W. 79TH AVE.<br/>         SUITE 741<br/>         MIAMI FL 33166</b> |
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|--|--|
| 2. Principal Place of Business<br><b>5454 NW 109 CT</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>5454 NW 109 CT</b><br>Suite, Apt. #, etc. |
|--|--|

DO NOT WRITE IN THIS SPACE

|                                 |                                 |                                    |  |
|---------------------------------|---------------------------------|------------------------------------|--|
| City & State<br><b>MIAMI FL</b> | City & State<br><b>MIAMI FL</b> | 4. FEI Number<br><b>65-1020186</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>33178</b>             | Country<br><b>DADE</b>          | Zip<br><b>33178</b>                | Country<br><b>DADE</b>                                 |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>SCOLLIERI-GARLIN, FRANCIS<br/>         600 BRICKELL AVENUE, SUITE 206-N<br/>         MIAMI FL 33131</b> | 7. Name and Address of New Registered Agent<br>Name<br><b>SCOLLIERI-GARLIN, FRANCIS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5454 NW 109 CT</b><br>City<br><b>MIAMI</b> FL Zip Code<br><b>33178</b> |
|---|--|

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 DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |  |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>SCOLLIERI-GARLIN, FRANCIS<br>600 BRICKELL AVENUE, SUITE 206-N<br>MIAMI FL 33131 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DP<br>SCOLLIERI-GARLIN, FRANCIS<br>5454 NW 109 CT<br>MIAMI FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: DATE: **MAR 08-02** DAYTIME PHONE #: **305-477-2125**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRCE034 (9/01)