

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-22-2002 90060 020 ***150.00

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DOCUMENT # P00000057416

1. Entity Name
SCIGA CORP.

Principal Place of Business

**3900 N.W. 79TH AVE.
 SUITE 741
 MIAMI FL 33166**

Mailing Address

**3900 N.W. 79TH AVE.
 SUITE 741
 MIAMI FL 33166**



2. Principal Place of Business

5454 NW 109 CT

Suite, Apt. #, etc.

3. Mailing Address

5454 NW 109 CT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1020186

Applied For

Not Applicable

Zip

33178

Country

DAVE

Zip

33178

Country

DAVE

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SCOLLIERI-GARLIN, FRANCIS
 600 BRICKELL AVENUE, SUITE 206-N
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
SCOLLIERI-GARLIN, FRANCIS

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

5454 NW 109 CT

City

MIAMI

FL

Zip Code

33178

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]
 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

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **SCOLLIERI-GARLIN, FRANCIS**
 CITY-ST-ZIP **600 BRICKELL AVENUE, SUITE 206-N
 MIAMI FL 33131**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **DP**
 STREET ADDRESS **SCOLLIERI-GARLIN, FRANCIS**
 CITY-ST-ZIP **5454 NW 109 CT
 MIAMI FL 33178**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 08-02

Date

305-477-2125

Daytime Phone #

CR2E034 (9/01)