

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

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90133 019 ***150.00

DOCUMENT # P01000029338

1. Entity Name

SCIC KITCHEN DESIGN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

35 NE 40th STREET

3. Mailing Address

35 N.E. 40th STREET

Suite, Apt. #, etc.

101G

Suite, Apt. #, etc.

101G

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1098786

Applied For

Not Applicable

Zip

33137

Country

Zip

33137

Country

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 **CRUTCHFIELD, TIMOTHY H**

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

25 S.E. 2nd AVENUE

SUITE 1020

City

MIAMI

FL

Zip Code

33131

**DO NOT WRITE
IN THIS SPACE**

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)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, MARTA CECILIA 35 N.E. 40th STREET #101G MIAMI, FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Marta C. Rodriguez*

MARTA C. RODRIGUEZ, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #