FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91335 035 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000047924

1. Entity Name
Second Chance Group Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2209-1 W. 69 street	2209-1 W. 69 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah FL.	City & State: Hialeah, FL.
Zip: 33016 Country: U.S.	Zip: 33016 Country: U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1108703 ☐ 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: Luis Bejerano

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

3701 SW. 139 th Court

City: Miami FL Zip Code: 33175

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: N/A
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	P=President
NAME	Damian Fernandez
STREET ADDRESS	2209-1 W. 69 street
CITY-ST-ZIP	Hialeah, FL. 33016
TITLE	V=vice President
NAME	Luis Bejerano
STREET ADDRESS	3701 SW 139 th court
CITY-ST-ZIP	Miami, FL. 33175
TITLE	
NAME	
STREET ADDRESS	
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CR2E053(B (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] 4-30-02 (786) 251-3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number