

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90429 011 ***150.00

DOCUMENT # PD1000078324

1. Entity Name

SCBH Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1206 Shotona Ct

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 48525

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Brandon FL 33511

City & State

Tampa, FL

4. FEI Number

59-3735856

Applied For

Not Applicable

Zip

Country

USA

Zip

33647

Country

USA

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 Juan C. Concheiro

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

1206 Shotona Ct

City Brandon

FL

Zip Code 33511

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

President
Juan Concheiro
1206 Shotona Ct
Brandon, FL 33511

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan Concheiro

4-30-02 813-657-3856

Date

Daytime Phone #

CR2E034B (12/01)