

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-13-2003 90667 006 ***150.00

DOCUMENT # P02000114244

1. Entity Name
SC ENTITIES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 124 S. FEDERAL HIGHWAY

3. Mailing Address 124 S. FEDERAL HIGHWAY

Suite, Apt. #, etc.
SUITE 2B

Suite, Apt. #, etc.
SUITE 2B

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

4. FEI Number
650916418

Applied For
Not Applicable

Zip
33062

Country

Zip
33062

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
JOSEPH NAFTALY

Street Address (P.O. Box Number is Not Acceptable)
124 S. FEDERAL HIGHWAY

SUITE 2B

City
POMPANO BEACH

FL

Zip Code
33062

**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. I am familiar with, and accept the obligations of registered agent.

JOSEPH NAFTALY

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Director
JOSEPH NAFTALY
124 S. FEDERAL HIGHWAY, #2B
POMPANO BEACH, FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment # P02000114244

55007480

To whom it
may concern
Needed FEI #
has been Paid
Already

Thanks

~~Joe~~

9545539111