

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90232 047 ***158.75

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000131378

1. Entity Name

SCHSPV, INC.



Principal Place of Business

150 E. PALMETTO PARK RD., SUITE 650
BOCA RATON FL 33432

Mailing Address

150 E. PALMETTO PARK RD., SUITE 650
BOCA RATON FL 33432

2. Principal Place of Business

929 Clint Moore Road

3. Mailing Address

929 Clint Moore Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

571141483

Applied For

Not Applicable

Zip

33487

Country

USA

Zip

33487

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

VAZQUEZ, WILLIAM M

150 E. PALMETTO PARK RD., SUITE 650
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
 NAME VAZQUEZ, WILLIAM M
 STREET ADDRESS 150 E. PALMETTO PARK RD., SUITE 650
 CITY-ST-ZIP BOCA RATON FL 33432 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D,P,COO
 NAME Howard B. Koslow
 STREET ADDRESS 929 Clint Moore Road
 CITY-ST-ZIP Boca Raton, FL 33487 ☐ Change ☒ Addition

TITLE D,CEO,C
 NAME Peter Baronoff
 STREET ADDRESS 929 Clint Moore Road
 CITY-ST-ZIP Boca Raton, FL 33487 ☐ Change ☒ Addition

TITLE D,P,S
 NAME Larry Leder
 STREET ADDRESS 929 Clint Moore Road
 CITY-ST-ZIP Boca Raton, FL 33487 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 689, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #