2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P94000034507** 1. Entity Name SCS CONSULTING SERVICES, INC. 04-30-2001 90104 023 ***150.00 Principal Place of Business Mailing Address 500 W CYPRESS CREEK RD. 500 W CYPRESS CREEK RD #740 740 FT. LAUDERDALS FL 33309 FORT LAUDERDALE FL 33309 HS 2. Principal Place of Business 3. Mailing Address 2717W, Cypress Creek Rd 2717W. CYPRESS CHECK Rd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 700 City & State 4. FEI Number Applied For 65-0493261 Not Applicable \$8.75 Additional Broward 5. Certificate of Status Desired Broward B3 300 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Lapaz FILINGS INC O. Box Number is Not Acceptable) NW 80TH STREET 3732 NW 16 ST FT LAUDERDALE FL 33311 Zip Code 33321 3 Marac 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 Fiorida. SIGNATURE X Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Change Addition LAPAZ, EDUARDOR LAPAZ, EDUARDO R NAME NAME STREET ADDRESS 500 W CYPRESS CREEK RD STE 740 2717 W. CYPress Creek Rd, Suite 700 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-7IP FORT LAUDERDALE, FL Delete TITLE Mario Echeverria NAME STREET ADDRESS 10331 NW 951 Circle#1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, PL 33172 ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling does not indicated on this report or supplemental report is true and accurate of the corporation or the requirer or trustee empowered to execute. opes not fludify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachm nt with an address, with a er like SIGNATURE: ±