## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P94000072064 **DOCUMENT#**



## **FILED** Mar 17, 2003 8:00 am & Secretary of State

1. Entity Nam SCOT MIN		SSOCIATES, INC.				03-17-2003 9006	50 028 ***150	0.00
Principal Plac 4180-9 JOG R LAKE WORTH US	ROAD	s	Mailing Address 4180-9 JOG ROAD LAKE WORTH FL 33467 US	•				
2. Principal P		ness	3. Mailing Address				ADOLI INDIN 11814 ADOLI	6 BERTI DEDI 1881
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES  4. FEI Number Applied For		
City & Stat	ė		City & State			4. FEI Number 65-0526165	— — — — — — — — — — — — — — — — — — —	ot Applicable
Zip Country Country			Zip			5. Certificate of Status Desired	- Fee nequieu	
6. Name and Address of Current Registered Agent						<ol><li>Name and Address of New Registe</li></ol>	red Agent	
				Name				
COHEN, JEFFREY 4180-9 JOG ROAD				Street A	ddress (P.0	D. Box Number is Not Acceptable)		
LAKE WORTH FL 33467								
				City			FL Zip Coo	
8. The above the obligat			the purpose of changing its	registered office or	registered	d agent, or both, in the State of Florida.	l am familiar with,	, and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signat	ure required wh	nen reinstating) D	ATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								
After	r May 1, 200	03 Fee will be \$550.00	State			Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees
After Make Check	r May 1, 200 c Payable to	03 Fee will be \$550.00 o Florida Department of		<b>1</b> 11.		Trust Fund Contribution.	☐ Adde	d to Fees
After Make Check 10.	r May 1, 200 c Payable to	D3 Fee will be \$550.00 p Florida Department of OFFICERS AND I	DIRECTORS	<b>11.</b>		, , ,	Adde	d to Fees
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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 of trustee empowered to execute this report as required by Chapter 607, 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:

Daytime Phone #