

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90163 020 ***150.00

DOCUMENT # **P96000082484**

1. Entity Name
S C's, INC.

Principal Place of Business
PMB 205
20423 SR 7 F-6
Boca Raton, FL 33432

Mailing Address
PMB 205
20423 SR 7 F-6
Boca Raton, FL 33432

40066981

2. Principal Place of Business
1515 N. Federal Hwy
 Suite, Apt. #, etc.
218

3. Mailing Address
1515 N. Federal Hwy
 Suite, Apt. #, etc.
218

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton

City & State
Boca Raton

4. FEI Number
65-0699364

Applied For
 Not Applicable

Zip
33432 Country
Palm Beach

Zip
33432 Country
Palm Beach

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Arresty, Jamip
19510 Saturnia Lakes Dr
Boca Raton, FL 33498

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.

SIGNATURE **Jamie Arresty** **4-25-01**
 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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001, Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Arresty, Jamip 19510 Saturnia Lakes Dr Boca Raton, FL 33498	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Arresty, Maurice 19510 Saturnia Lakes Dr Boca Raton, FL 33498	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maurice Arresty
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01 **511-620-0995**
 Date Daytime Phone #

CR2E034 (11/00)