

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90002 028 ***150.00

DOCUMENT # P97000037393

1. Entity Name

Scaldi Corporation

Principal Place of Business

155 S. Miami Ave
 Ste 1100
 Miami, FL 33130
 US

Mailing Address

155 S. Miami Ave.
 Ste 1100
 Miami, FL 33130
 US

2. Principal Place of Business

601 E. Elkam Circle
 Suite, Apt. #, etc.

3. Mailing Address

601 E. Elkam Circle
 Suite, Apt. #, etc.

A-1-a
 City & State

A-1-a
 City & State

Marco Island FL

Marco Island FL

Zip 34145 Country US

Zip 34145 Country US

4. FEI Number

65-0750082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

A0031073

6. Name and Address of Current Registered Agent

Heller, Brian S
 155 S. Miami Ave
 Ste 1100
 Miami, FL 33130

7. Name and Address of New Registered Agent

Name John T Charde CPA
 Street Address (P.O. Box Number is Not Acceptable)
 601 E. Elkam Circle
 Ste A-1-a
 City Marco Island FL Zip Code 34145

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

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	Shimek, Robert A III	
STREET ADDRESS	155 S. Miami Ave Ste 1100	
CITY-ST-ZIP	Miami, FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P, VP, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert A. Shimek III	
STREET ADDRESS	363 Columbus Way	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Robert A. Shimek III
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/00
 Date

944-344-2317
 Daytime Phone #

CR2E034 (9/99)