

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

A0031073

2. Principal Place of Business: 601 E. Elkram Circle Suite, Apt. #, etc. A-1-a City & State: Marco Island FL Zip: 34145 Country: US
 3. Mailing Address: 601 E. Elkram Circle Suite, Apt. #, etc. A-1-a City & State: Marco Island FL Zip: 34145 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0750082 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

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. Elkram 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] JOHN T. CHARDE CPA DATE: 3/6/2000
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 tax filing requirement and elects to do so.
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D Shimek, Robert A III 155 S. Miami Ave Ste 1100 Miami, FL 33130			D, P, VP, S, T Robert A. Shimek III 363 Columbus Way Marco Island, FL 34145		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: [Signature] DATE: 2/6/00 DAYTIME PHONE #: 944-344-2317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)