FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 91013 043 ***150.00

DOCUMENT # P97000055259

1. Entity Name
SFC Associates, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7960 W. 25 AVENUE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH	City & State
Zip: 33016 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0764922 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Dennis Wilcox

Street Address (P.O. Box Number is Not Acceptable): 9603 NW 8 Circle

City: Plantation FL Zip Code: 33324

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: [signature] DENNIS WILCOX Pres. 3/19/03
Signature, typed or printed name of registered agent and title if applicable (If new Registered Agent, signature required where indicated) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PRES., TREA., SEC'Y NAME: DENNIS WILCOX STREET ADDRESS: 9603 NW 8 CR. CITY-ST-ZIP: Plantation, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: V.P. NAME: CLARISSA WILCOX STREET ADDRESS: 9603 NW 8 CR. CITY-ST-ZIP: Plantation, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] V.P. CLARISSA WILCOX 3/19/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #