2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039845

SCAL REAL ESTATE INVESTMENT GROUP INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

3. Mailing Address

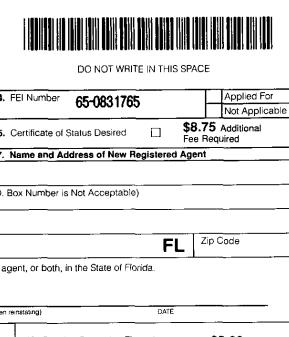
1818 S AUSTRALIAN AVENUE SUITE 400 WEST PALM BEACH FL 33409

1818 S AUSTRALIAN AVENUE SUITE 400 WEST PALM BEACH FL 33409-6447

DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0831765 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROY, DAVE K Street Address (P.O. Box Number is Not Acceptable) 1818 S AUSTRALIAN AVENUE SUITE 400 WEST PALM BEACH FL 33409 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. · OFFICERS AND DIRECTORS 12 ☐ Change Addition ☐ Delete TITLE TITLE ROY. DAVE K NAME NAME 1818 S AUSTRALIAN AVENUE SUITE 400 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-79 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED Mar 06, 2000 8:00 am Secretary of State

03-06-2000 90100 014 ***150.00



13. I hereby certify that the information supplied with this filling 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 supplimental 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 received for 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 attachmen th an address, with er like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SITINING OFFICER OR DIRECTOR

Date

Daytime Phone #