

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90973 017 ***150.00

DOCUMENT # P98000039845

1. Entity Name
SCAL REAL ESTATE INVESTMENT GROUP INC.



Principal Place of Business
**440 COLUMBIA DRIVE, #300
WEST PALM BEACH, FL- 33409**

Mailing Address
**440 COLUMBIA DRIVE, #300
WEST PALM BEACH, FL- 33409**

2. Principal Place of Business
112 S. Hibiscus Dr.
Suite, Apt. #, etc.

3. Mailing Address
c/o Langen
Suite, Apt. #, etc.
P.O. Box 398570

City & State
Miami Beach, Fla.

City & State
Miami Beach

Zip
33139

Country
US

Zip
33239-8570

Country
US



CHECK HERE IF MAKING CHANGES

5. Name and Address of Current Registered Agent

ROY, DAVE K.
440 COLUMBIA DRIVE, #300
WEST PALM BEACH, FL- 33409


7. Name and Address of New Registered Agent

Name **Hilary Langen**

Street Address (P.O. Box Number is Not Acceptable)
112 S. Hibiscus Drive

City **Miami Beach** FL Zip Code **33139**

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  **Hilary Langen** DATE **April 4, 2003**

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
After May 1, 2003 Fee Will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	ESD - <input checked="" type="checkbox"/> Delete ROY, DAVE K. 440 COLUMBIA DRIVE, #300 WEST PALM BEACH, FL- 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Clemens J. Vedder c/o Langen, 112 S. Hibiscus Dr. Miami Beach, Fla. 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Bruce Beattie 1753 Trotter Court, Wellington, Fla. 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Hilary Langen 112 S. Hibiscus Dr., Miami Beach, Fla. 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **President** **(305) 674-0023**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Clemens Vedder** Date Daytime Phone #

CR2E034 (10/02)