

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92195 044 ***150.00

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

DOCUMENT # P98000054320		
1. Entity Name SCBC INVESTMENTS CORP.		
Principal Place of Business 7270 W LAGO DR CORAL GABLES, FL 33143		Mailing Address 7270 W LAGO DR CORAL GABLES, FL 33143
2. Principal Place of Business 10840 Snapper Creek Rd		3. Mailing Address 10840 Snapper Creek Rd
City & State Coral Gables FL		City & State Coral Gables FL
Zip 33156		Country
4. FEI Number 59-3843849		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent COLL, SANDRA 7270 W LAGO DR CORAL GABLES, FL 33143		7. Name and Address of New Registered Agent Name COLL, SANDRA Street Address (P.O. Box Number is Not Accepted) 10840 Snapper Creek Road City Coral Gables FL Zip Code 33156
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: <u>Sandra Coll</u> DATE: <u>4/28/03</u> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when alternating)		
		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P COLL, SANDRA 7270 W LAGO DR CORAL GABLES, FL 33143 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P COLL, SANDRA 10840 Snapper Creek Road Coral Gables, FL 33156 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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 title empowered.		
SIGNATURE: <u>Sandra Coll</u> DATE: <u>4/28/03</u> (305) 72-7104		

90126057



☒ CHECK HERE IF MAKING CHANGES

CH2E004 (1/02)