

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068687

1. Entity Name

SCORPIO MANAGEMENT, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90049 041 ***550.00

Principal Place of Business

Mailing Address

C/O ROTH & ROUSSO, P.A.
 429 ROVINO AVENUE
 CORAL GABLES FL 33156

C/O ROTH & ROUSSO, P.A.
 429 ROVINO AVENUE
 CORAL GABLES FL 33156-4245

D0056160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

429 ROVINO Ave

429 ROVINO Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Gables, FL

Coral Gables, FL

4. FEI Number

65-0855486

Applied For

Not Applicable

Zip

Country

Zip

Country

33156

USA

33156

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KATSMAN, MARK ESQ
 9350 SOUTH DIXIE HWY PH2
 MIAMI FL 33156

Name

MARK KATSMAN

Street Address (P.O. Box Number is Not Acceptable)

5 Island Ave, #15D

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.

SIGNATURE

Mark Katzman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/8/00

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
 (See criteria on back)

☐

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
 DPVT
 ISSAKOVITCH, LIUDMILA
 429 ROVINO AVENUE
 CORAL GABLES FL 33156 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S
 ISSAKOVITCH, LIUDMILA
 429 ROVINO AVENUE
 CORAL GABLES FL 33156 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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:

LIUDMILA ISSAKOVITCH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-8-00

Daytime Phone #

305-663-6643

CR2E034 (9/99)