

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072918

1. Entity Name  
**SCOFAR CORPORATION**

**FILED**  
**Aug 23, 2000 8:00 am**  
**Secretary of State**

08-23-2000 90028 020 \*\*\*550.00

Principal Place of Business  
**9815 S.W. 152ND TERRACE**  
**MIAMI FL 33157**

Mailing Address  
**9815 S.W. 152ND TERRACE**  
**MIAMI FL 33157**

00080631



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**9815 SW 152 TERR**  
Suite, Apt. #, etc.

3. Mailing Address  
**9815 SW 152 TERR**  
Suite, Apt. #, etc.

City & State  
**MIAMI FL**  
Zip  
**33157**  
Country  
**USA**

City & State  
**MIAMI FL**  
Zip  
**33157**  
Country  
**USA**

4. FEI Number **91-1928223**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FARLEY, HUMBERTO**  
**9815 S.W. 152ND TERRACE**  
**MIAMI FL 33157**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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)

DATE

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCOTT, ISMAEL</b>	
STREET ADDRESS	<b>9815 S.W. 152ND TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FARLEY, HUMBERTO</b>	
STREET ADDRESS	<b>9815 S.W. 152ND TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, live empowered.

SIGNATURE: **Signature Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/17/00** (301) 252-8192  
Date Daytime Phone #

CR2E034 (5/00)