

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000072918**

1. Entity Name

SCOFAR CORPORATION**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90412 035 ***558.75

| | |
|--|--|
| Principal Place of Business 9815 S.W. 152ND TERRACE MIAMI FL 33157 | Mailing Address 9815 S.W. 152ND TERRACE MIAMI FL 33157 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|---|---|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 91-1928223 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|--|--|--|-----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| FARLEY, HUMBERTO 9815 S.W. 152ND TERRACE MIAMI FL 33157 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | |
| | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D SCOTT, ISMAEL 9815 S.W. 152ND TERRACE MIAMI FL 33157 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FARLEY, HUMBERTO 9815 S.W. 152ND TERRACE MIAMI FL 33157 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **5/11/01** **Date** **Daytime Phone #**

CR2E034 (10/00)