

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90120 036 \*\*\*550.00

**DOCUMENT # P99000058604**

1. Entity Name

**SCL HOLDINGS, INC.**

Principal Place of Business

2100 S. OCEAN LANE. #1905  
 FT. LAUDERDALE FL 33316-3827

Mailing Address

2100 S. OCEAN LANE. #1905  
 FT. LAUDERDALE FL 33316-3827

2. Principal Place of Business

**5820 Miami Lakes Dr.**

3. Mailing Address

**5820 Miami Lakes Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami Lakes, FL**

City & State

**Miami Lakes, FL**

Zip

**33014**

Country

Zip

**33014**

Country

4. FEI Number

**65-0933682**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**COHEN, LEWIS R**  
**1399 SW FIRST AVE**  
**THIRD FLR**  
**MIAMI FL 33130**

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 \$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. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
 NAME **STERLING, HARRIET**  
 STREET ADDRESS **2100 S. OCEAN LN #1905**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
 NAME **STERLING, HARRIET**  
 STREET ADDRESS **5500 COLLINS AVENUE # 1101**  
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **S** ☐ Change ☒ Addition  
 NAME **Lewis R. Cohen**  
 STREET ADDRESS **1399 SW 1st Avenue # 302**  
 CITY-ST-ZIP **Miami, FL 33130**

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

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

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

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

**Lewis Cohen, Sec.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/26/01 (300) 8177**

Date

Daytime Phone #

0504557

CR2E034 (10/00)