

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90070 005 ***150.00

DOCUMENT # P99000072662

1. Entity Name

SCDJ CORPORATION

Principal Place of Business

Mailing Address

800 PARKVIEW DR., SUITE 128
 HALLANDALE FL 33009

800 PARKVIEW DR., SUITE 128
 HALLANDALE FL 33009-8906

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5641 SW 58 CT

Suite, Apt. #, etc.

5641 SW 58 CT

City & State

DAVIE - FL

City & State

DAVIE - FL

4. FEI Number

65-0941478

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required


6. Name and Address of Current Registered Agent

OROSZ, ELIZABETH J
 800 PARKVIEW DR., SUITE 128
 HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name: **OROSZ, ELIZABETH J**
 Street Address (P.O. Box Number is Not Acceptable):
5641 SW 58 CT
 City: **DAVIE** FL Zip Code: **33314**

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:  **ELIZABETH J. OROSZ** DATE: _____

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: OROSZ, ELIZABETH J		NAME:	
STREET ADDRESS: 800 PARKVIEW DR., SUITE 128		STREET ADDRESS:	
CITY-ST-ZIP: HALLANDALE FL 33009		CITY-ST-ZIP:	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RODRIGUEZ, ADDISON J		NAME:	
STREET ADDRESS: 800 PARKVIEW DR., SUITE 128		STREET ADDRESS:	
CITY-ST-ZIP: HALLANDALE FL 33009		CITY-ST-ZIP:	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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:  **ELIZABETH OROSZ** Date: **04/26/00** Daytime Phone #: **954-9583228**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #