

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90014 003 \*\*\*150.00

**DOCUMENT # P99000072662**

1. Entity Name  
**SCDJ CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**5641 SW 58TH COURT 5641 SW 58TH COURT**  
**DAVIE FL 33314 DAVIE FL 33314**

2. Principal Place of Business 3. Mailing Address  
**800 PARKVIEW DR 800 PARKVIEW DR**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Apt # 118 Apt # 118**

City & State City & State  
**HALLANDALE FL HALLANDALE FL**

4. FEI Number **65-0941478** Applied For  
 Not Applicable

Zip Country Zip Country  
**33009 BROWARD 33009 BROWARD**

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**

**OROSZ, ELIZABETH J**  
**5641 SW 58TH COURT**  
**DAVIE FL 33314**

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 **ELIZABETH OROSZ** **04-27-01**  
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**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OROSZ, ELIZABETH J</b>	
STREET ADDRESS	<b>800 PARKVIEW DR., SUITE 128</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, ADDISON J</b>	
STREET ADDRESS	<b>800 PARKVIEW DR., SUITE 128</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</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		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JUAN L RODRIGUEZ</b>	
STREET ADDRESS	<b>800 PARKVIEW DR. SUITE 118</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARAMIS R. RODRIGUEZ</b>	
STREET ADDRESS	<b>800 PARKVIEW DR. SUITE 118</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
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 like empowered.

SIGNATURE: **ELIZABETH J. OROSZ** **04-27-01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)