

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

0130654 AV

03-20-2002 90016 042 \*\*\*150.00

**DOCUMENT # P99000072662**

1. Entity Name  
**SCDJ CORPORATION**

Principal Place of Business <b>800 PARKVIEW DR          APT #118          HALLANDALE FL 33009</b>	Mailing Address <b>800 PARKVIEW DR          APT #118          HALLANDALE FL 33009</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2454 Sheridan St.</b> Suite, Apt. #, etc.	3. Mailing Address <b>2454 Sheridan St.</b> Suite, Apt. #, etc.
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City & State <b>Hollywood, Florida</b>	City & State <b>Hollywood, Florida</b>
Zip <b>33020</b>	Country <b>Broward</b>

4. FEI Number <b>65-0941478</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

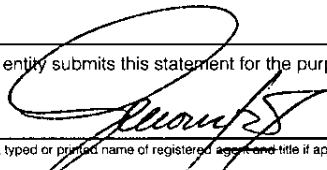
7. Name and Address of New Registered Agent

Name  
**Czerwonko, Nestor**

Street Address (P.O. Box Number is Not Acceptable)  
**2454 Sheridan St.**

City  
**Hollywood**      **FL**      Zip Code  
**33020**

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  \_\_\_\_\_ DATE **3/6/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OROSZ, ELIZABETH J</b> <b>800 PARKVIEW DR., SUITE 128</b> <b>HALLANDALE FL 33009</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RODRIGUEZ, ADDISON J</b> <b>800 PARKVIEW DR., SUITE 128</b> <b>HALLANDALE FL 33009</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RODRIGUEZ, JUAN L</b> <b>800 PARKVIEW DR SUITE 118</b> <b>HALLANDALE FL 33009</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RODRIGUEZ, ARAMIS R</b> <b>800 PARKVIEW DR SUITE 118</b> <b>HALLANDALE FL 33009</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>Director ,</b> <b>Czerwonko, Nestor</b> <b>2454 Sheridan St.</b> <b>Hollywood, FL 33020</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  \_\_\_\_\_ **3/6/02** **(954) 921-1018**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)