

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90365 047 \*\*\*150.00

**DOCUMENT # 265728**

1. Entity Name  
**SKI HOLDING COMPANY, INCORPORATED**

Principal Place of Business <b>32 ALHAMBRA CIRCLE          CORAL GABLES FL 33134</b>	Mailing Address <b>1809 GRANADA BLVD.          CORAL GABLES FL 33134</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-0995869**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GLUSKI, ANNA M  
 1809 GRANADA BLVD.  
 CORAL GABLES FL 33134**

**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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GLUSKI, JOHN H</b> <b>1809 GRANADA BLVD</b> <b>CORAL GABLES FL 33134</b> <input checked="" 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	<b>S</b> <b>GLUSKI, ANNA M</b> <b>1809 GRANADA BLVD</b> <b>CORAL GABLES FL 33134</b> <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 REC GLUSKI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

Attachment



**SZCZEPKOWSKI -  
ARTLEY, P.A.**

Certified Public Accountant

# 265728

12/25/

July 3, 2002

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**RE: SKI Holding Company, Incorporated  
Document # 265728**

To Whom It May Concern:

Enclosed, please find the Uniform Business Report for SKI Holding Company, Incorporated and a check for the annual fees.

Based upon a recent discussion with one of your representatives, we were informed that it might be possible to abate the \$400 penalty upon written request with reasonable cause for late filing.

**The company would like to request an abatement of the \$400 penalty. The reasonable cause for this request is based on the death of the company's president who handled all such matters.**


The company president, John Gluski, passed away in January 2002. Mr. Gluski solely handled all corporate financial matters. During the transition of financial management after his death, the widow relied upon the assistance of the attorney to handle all corporate matters, as she was previously not involved in this area. All of her husband's documents were provided to him and she was assured that he would handle the corporate affairs.

Your recent notice is the first information that she has received regarding the late status of the Uniform Business Report. She relied upon the attorney to ensure that all matters were timely filed, yet it appears that he did not file the UBR timely. She has subsequently retained the services of my firm to assist in the financial management of the company that she inherited.

**Thus, the company is requesting an abatement of the \$400 penalty since the company president's widow relied upon a paid professional to handle the filing of the annual report and since that paid professional failed to perform the hired tasks.**

Thank you in advance for your attention to this matter. Please do not hesitate to contact me at 954-927-0807 if you have any questions, or if I may be of further assistance on behalf of my client.

Very truly yours,

  
Doris Szczepkowski, CPA

PO Box 220550  
Hollywood, FL 33022  
Email: [DorisYS@yahoo.com](mailto:DorisYS@yahoo.com)

Phone: (954) 927-0807  
Fax: (954) 927-0820

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY  
CERTIFICATE OF DEATH  
FLORIDA

# 265-108

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NO. \_\_\_\_\_

1. DECEDENT'S NAME: JOHN FIRST, HENRY MIDDLE, GLUSKI LAST

2. SEX: Male

3. DATE OF DEATH (Month, Day, Year): January 16, 2002

4. SOCIAL SECURITY NUMBER: 264-76-8739

5a. AGE (Last Birthday - Year): 80

5b. UNDER: Year, Month, Day, Hour, Minutes

6. DATE OF BIRTH (Month, Day, Year): May 21, 1921

7. BIRTHPLACE (City and State or Foreign Country): Poland

8a. PLACE OF DEATH (Check only one; see instructions on other side):  Hospital Inpatient,  ER-Outpatient,  DOR,  OTHER

8b. FACILITY NAME (If not institution, give street and number): 1809 Granada Blvd., Coral Gables

8c. COUNTY OF DEATH: Miami-Dade

9a. DECEDENT'S USUAL OCCUPATION: Investor

9b. KIND OF BUSINESS/INDUSTRY: Real Estate

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

12. SURVIVING SPOUSE: Anna Bering

13a. RESIDENCE - STATE: Florida

13b. COUNTY: Miami-Dade

13c. CITY, TOWN, OR LOCATION: Coral Gables

13d. STREET AND NUMBER: 1809 Granada Blvd.

14a. INSIDE CITY - LIMITS (Yes or No): Yes

14b. ZIP CODE: 33134

14c. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify: Cuban, Mexican, Puerto Rican, etc.): No

15. RACE - American Indian, Black, White, etc.: White

16. DECEDENT'S EDUCATION: (Specify any, highest grade completed)

17. FATHER'S NAME (First, Middle, Last): Andrzej Gluski

18. MOTHER'S NAME (First, Middle, Maiden Surname): Zofia Lipinski

19a. INFORMANT'S NAME (Type/Print): Anna B. Gluski

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1809 Granada Blvd., Coral Gables FL 33134

20a. METHOD OF DISPOSITION:  Burial,  Cremation,  Removal from State,  Donation,  Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Van Orsdel Crematory

20c. LOCATION - City or Town, State: Miami, Florida

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Thomas Nicolette

21b. LICENSE NUMBER (of Licensee): 3112

21c. NAME AND ADDRESS OF FACILITY: Van Orsdel Coral Gables Chapel, 4600 S.W. 8 St., Coral Gables, FL 33134

22a. DATE SIGNED (Mo., Day, Yr): Jan. 17, 2002

22b. HOUR OF DEATH: 6:30 A.M.

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Dean H. Roller, M.D., 4685 Ponce de Leon Blvd., Coral Gables, FL 33146

23a. SUBREGISTRAR - SIGNATURE AND DATE: [Signature], 1/17/2002

23b. LOCAL REGISTRAR SIGNATURE: [Signature]

23c. DATE REGISTERED: JAN 17 2002

24. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): Ventricular Fibrillation

1. DUE TO (OR AS A CONSEQUENCE OF): congestive Heart Failure

2. DUE TO (OR AS A CONSEQUENCE OF): severe congestive Cardiomyopathy

3. DUE TO (OR AS A CONSEQUENCE OF):

4. DUE TO (OR AS A CONSEQUENCE OF):

5. DUE TO (OR AS A CONSEQUENCE OF):

PART II. Enter significant conditions contributing to death but not resulting in the underlying cause given in Part I.

27. WAS AN AUTOPSY PERFORMED? (Yes or No): No

28. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Yes or No): No

29. PROBABLE MANNER OF DEATH (Specify): Natural, accident, suicide, homicide, or undetermined.

30a. IF SURGERY IS MENTIONED IN PART I OR II, ENTER CONDITION FOR WHICH IT WAS PERFORMED

30b. DATE OF SURGERY (Mo., Day, Year)

31. INJURY AT WORK? (Yes or No)

32. DESCRIBE HOW INJURY OCCURRED

32a. DATE OF INJURY (Month, Day, Year)

32b. TIME OF INJURY

32c. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)

32d. LOCATION (Street and Number or Rural Route Number, City or Town, State)

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

BY *Maurice Dardas* JAN 18 2002  
State Registrar

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

