2001 UNIFORM BUSINESS REPORT (UBR)

0152187

FILED
Feb 19, 2001 8:00 am
Secretary of State
02-19-2001 90039 021 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # H73100

1. Entity Name
SKAF CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
~~444 BRICKELL AVENUE~~	~~444 BRICKELL AVENUE~~
~~SUITE 1020~~	~~SUITE 1020~~
~~MIAMI FL 33131~~	~~MIAMI FL 33131~~

2. Principal Place of Business	3. Mailing Address
5757 Blue Lagoon Dr.	5757 Blue Lagoon Dr.
Suite, Apt. #, etc.: Suite 220	Suite, Apt. #, etc.: Ste 220
City & State: Miami, Fl	City & State: Miami, Fl.
Zip: 33126 Country: USA	Zip: 33126 Country: USA

4. FEI Number 59-2570215 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SKAF, JACQUELINE
~~444 BRICKELL AVE.~~
~~SUITE 1020~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent
Name: SKAF, Jacqueline
Street Address (P.O. Box Number is Not Acceptable): 5757 Blue Lagoon Dr. Ste 220
City: Miami FL Zip Code: 33126

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], Jacqueline SKAF, V.P/S 1/18/01
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

TITLE	PTD	☐ Delete
NAME	SKAF, SOUHEIL	
STREET ADDRESS	6300 RIVIERA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SV	☐ Delete
NAME	SKAF, JACQUELINE	
STREET ADDRESS	6300 RIVIERA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	☐ Delete
NAME	GHOSN, ANTOINE	
STREET ADDRESS	6760 SW 130TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	☒ Delete
NAME	GALANTER, ELLIOTT	
STREET ADDRESS	379 POINCIANA ISL. DR.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/00)

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] Jacqueline SKAF, VP 1/18/01 305-264-4055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #