

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90281 037 \*\*\*150.00

0231261 AV

**DOCUMENT # P01000021188**

1. Entity Name  
**NEW SKY GROUP INC.**



Principal Place of Business  
**150 ALHAMBRA CIRCLE STE 1270  
CORAL GABLES FL 33134**

Mailing Address  
**150 ALHAMBRA CIRCLE STE 1270  
CORAL GABLES FL 33134**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-1083039**

Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JOSE A  
150 ALHAMBRA CIRCLE STE 1270  
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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                                     |                                 |
|----------------|-------------------------------------|---------------------------------|
| TITLE          | <b>D</b>                            | <input type="checkbox"/> Delete |
| NAME           | <b>REMONDA, CELIA MARIA</b>         |                                 |
| STREET ADDRESS | <b>150 ALHAMBRA CIRCLE STE 1270</b> |                                 |
| CITY-ST-ZIP    | <b>CORAL GABLES FL 33134</b>        |                                 |
| TITLE          | <b>VS</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>MOYANO, FRANCISCO J</b>          |                                 |
| STREET ADDRESS | <b>150 ALHAMBRA CIRCLE STE 1270</b> |                                 |
| CITY-ST-ZIP    | <b>CORAL GABLES FL 33134</b>        |                                 |
| TITLE          | <b>PT</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>REMONDA, CELIA MARIA</b>         |                                 |
| STREET ADDRESS | <b>150 ALHAMBRA CIRCLE STE 1270</b> |                                 |
| CITY-ST-ZIP    | <b>CORAL GABLES FL 33134</b>        |                                 |
| TITLE          | <b>DVP</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>REMONDA, CAROLINA D</b>          |                                 |
| STREET ADDRESS | <b>150 ALHAMBRA CIRCLE STE 1270</b> |                                 |
| CITY-ST-ZIP    | <b>CORAL GABLES FL 33134</b>        |                                 |
| TITLE          | <b>DVP</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>REMONDA, MARIANA D</b>           |                                 |
| STREET ADDRESS | <b>150 ALHAMBRA CIRCLE STE 1270</b> |                                 |
| CITY-ST-ZIP    | <b>CORAL GABLES FL 33134</b>        |                                 |
| TITLE          |                                     | <input type="checkbox"/> Delete |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| 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    |  |   |
| 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    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF NAMING OFFICER OR DIRECTOR

Date: \_\_\_\_\_  
Date

4/9/03

CR2E034 (10/02)