

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90171 047 \*\*\*150.00

DOCUMENT # P02000025688

1. Entity Name

SKI INVESTMENTS, INC. ✓

**DO NOT WRITE IN THIS SPACE**

90032253

2. Principal Place of Business

8525 120th Avenue N.

Suite, Apt. #, etc.

3. Mailing Address

8525 120th Avenue N.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

Zip 33412

Country USA

City & State

West Palm Beach, FL

Zip 33412

Country USA

4. FEI Number

30-0059094

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Igor Lossowski

Street Address (P.O. Box Number is Not Acceptable)

8525 120th Avenue N.

City West Palm Beach,

FL

Zip Code 33412

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

*Igor Lossowski*

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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 P  
STREET ADDRESS Igor Lossowski  
CITY - ST - ZIP 8525 120th Avenue N.  
West Palm Beach, FL 33412

TITLE NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME VP  
STREET ADDRESS Wladyslawa Caruso  
CITY - ST - ZIP 8525 120th Avenue N.  
West Palm Beach, FL 33412

TITLE NAME  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Igor Lossowski* 2/7/03

Date

Daytime Phone #

CR2E034B (12/01)