

## 2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # 708437

1. Entity Name

~~SKY LAKE GARDENS NO. 3, INC., A CONDOMINIUM~~

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90034 013 \*\*\*\*61.25

Principal Place of Business

Mailing Address

18650 N.E. 18 AVE  
 #233  
 MIAMI FL 33179  
 US

18650 N.E. 18 AVE  
 #233  
 MIAMI FL 33179-5337  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-1090024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CIAN, DEBBI  
 18650 N.E. 18 AVE  
 #233  
 MIAMI FL 33179

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.

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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	DURAND, ANA <input type="checkbox"/> Delete		
STREET ADDRESS	18650 NE 18 AVE, #133		
CITY-ST-ZIP	MIAMI FL 33179		
TD	CIAN, DEBBI <input type="checkbox"/> Delete		
STREET ADDRESS	18650 NE 18 AVE, #233		
CITY-ST-ZIP	MIAMI FL 33179		
VPD	IBARRA, LINDOMAR <input checked="" type="checkbox"/> Delete	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	18634 NE 18 AVE, #139	OSCAR MOTICA	
CITY-ST-ZIP	MIAMI FL 33179	18550 NE 18 AVE #158	
		MIAMI FL 33179	

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 617, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)