

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017219

1. Entity Name

SKY COMMUNICATIONS CORP.

05-10-2000 90117 028 ***150.00

FILED P99000017219

00 SEP 18 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2485 WEST FLAGLER STREET

#4
MIAMI FL 33135

Mailing Address

2485 WEST FLAGLER STREET

#4
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0895703

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

FEDERAL BUSINESS SERVICE INC

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

454 NW 22 AVE SUITE 209

City

MIAMI

FL

Zip Code

33125

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

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, 2000 Min. 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DE LA TORRE ANGEL R	
STREET ADDRESS	2485 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ	
STREET ADDRESS	2485 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DE LA TORRE	
STREET ADDRESS	2485 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCIA VALIDO	
STREET ADDRESS	2485 W FLAGLER ST #4	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	VTP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA CAMPS	
STREET ADDRESS	2485 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCIA VALIDO	
STREET ADDRESS	2485 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL 33135	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/02/00 (305) 541-2444

Date

Daytime Phone #