

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017219

05-10-2000 90117 028 \*\*\*150.00

FILED P99000017219

1. Entity Name

SKY COMMUNICATIONS CORP.

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

~~SPICEL & OFFICER, P.A.  
343 ALHAMBRA AVENUE  
CORAL GABLES FL 33134~~

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

*Tose Jimenez*  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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:

*Marcia Valido*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/02/00 (305) 541-2444  
Date Daytime Phone #