

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90046 046 ***150.00

DOCUMENT # 278799

1. Entity Name
SKY LAKE GARDENS RECREATION INC

Principal Place of Business
CARL GOLDMAN
20700 W DIXIE HWY # 100
N MIAMI BCH FL 33180

Mailing Address
20700 W. DIXIE HWY.
#100
N. MIAMI BEACH 33 33180
US

905205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20700 W Dixie Hwy #100

3. Mailing Address

Suite, Apt. #, etc.
North Miami Beach,

Suite, Apt. #, etc.

City & State
Florida 33180

City & State

4. FEI Number **59-1083905**

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

GOLDMAN, CARL
20700 W. DIXIE HWY
#100
N MIAMI BCH FL 33180

Name **DAVID GOLDMAN**
 Street Address (P.O. Box Number is Not Acceptable)
20700 W. Dixie Highway
Suite 100
 City *North Miami Beach* FL *33180*

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 *David E Goldman, president* DATE *01/07/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	DP GOLDMAN, DAVID 20700 W. DIXIE HWY., #100 N. MIAMI BEACH FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDMAN, GARY 20700 W DIXIE HWY #100 MIAMI FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: *David E Goldman* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/02 (305) 935 6277
 Date Daytime Phone #

CR2E034 (9/01)