

DOCUMENT # 707689

1. Entity Name

SKY LAKE GARDENS NO 1, INC. A CONDOMINIUM

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90103 031 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1647 MIAMI GARDENS DR 125 N. MIAMI BEACH FL 33179	Mailing Address 1647 MIAMI GARDENS DR 125 N. MIAMI BEACH FL 33179-4939
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1060232	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MARCOS, JULIAN
1648 MIAMI GARDENS DRIVE
N MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME P MARCOS, JULIAN 1647 MIAMI GARDENS DRIVE N MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME S VELEZ, CARMEN 1635 MIAMI GARDENS DRIVE N MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME T PAPILE, PHILIP 1623 MIAMI GARDENS DRIVE N MIAMI BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME D MOTELOW, EVA 1619 MIAMI GARDENS DRIVE N MIAMI BEACH/FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME D GUETTE, ANDREW 1619 MIAMI GARDEN DRIVE N MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME VP QUINTERO, ALFREDO 1619 MIAMI GARDENS DRIVE N MIAMI BEACH FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME P MARCOS JULIAN 1647 MIAMI GARDENS DR N MIAMI BEACH FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME S VELEZ CARMEN 1635 MIAMI GARDENS DR 237 N MIAMI BEACH FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D GARCIA ANGELA 1635 MIAMI GARDENS DR. 137 N MIAMI BEACH FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME T. LINDSEY CLARA 1611 MIAMI GARDENS DR 210 N MIAMI BEACH FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D GUETTE ANDREW 1619 MIAMI GARDEN DR 245 N MIAMI BEACH FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VP AMIEL JACK 1611 MIAMI GARDENS DR. 112 N MIAMI BEACH FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 OF JULIAN MARCOS 1/18/2000 (305) 9401006
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1661203