

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

0044C**

03-12-2001 90482 006 ****61.25

DOCUMENT # 707689

1. Entity Name

SKY LAKE GARDENS NO 1, INC. A CONDOMINIUM

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

LUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1060232

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

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

7. Name and Address of New Registered Agent

Name *JUANITA TAULO*
 Street Address (P.O. Box Number is Not Acceptable) *1647 NE Miami Gardens Drive #125*
 City *N. Miami Bch* FL Zip Code *33179*

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

Juanita Taulo; **JUANITA TAULO** 03-06-2001

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

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MARCOS, JULIAN | |
| STREET ADDRESS | 1647 MIAMI GARDENS DRIVE | |
| CITY-ST-ZIP | N MIAMI BEACH FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | VELEZ, CARMEN | |
| STREET ADDRESS | 1635 MIAMI GARDENS DR 237 | |
| CITY-ST-ZIP | N MIAMI BCH FL 33174 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | LINDSEY, CLARA | |
| STREET ADDRESS | 1611 MIAMI GARDEN DR, 245 | |
| CITY-ST-ZIP | N MIAMI BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GARCIA, ANGELA | |
| STREET ADDRESS | 1635 MIAMI GARDENS DR, 137 | |
| CITY-ST-ZIP | N MIAMI BEACH FL 33179 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GUETTE, ANDREW | |
| STREET ADDRESS | 1619 MIAMI GARDEN DRIVE | |
| CITY-ST-ZIP | N MIAMI BEACH FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | AMIEL JACK | |
| STREET ADDRESS | 1611 MIAMI GARDENS DR., 112 | |
| CITY-ST-ZIP | N MIAMI BEACH FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JUANITA TAULO | |
| STREET ADDRESS | 1647 NE Mia Gardens Drive #125 | |
| CITY-ST-ZIP | N M Bch FL 33179 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>← Same</i> | |
| STREET ADDRESS | <i>← Same</i> | |
| CITY-ST-ZIP | <i>← Same</i> | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | G. Peter Krishardt | |
| STREET ADDRESS | 1623 NE Miami Gardens Drive #148 | |
| CITY-ST-ZIP | N. Miami Bch FL 33179 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELSA QAIROZ | |
| STREET ADDRESS | 1647 NE Miami Gardens Drive #123 | |
| CITY-ST-ZIP | N. Miami Beach, FL 33179 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHRISTINA LOVELL | |
| STREET ADDRESS | 1647 NE Miami Gardens Drive #123 | |
| CITY-ST-ZIP | No. Mia Bch, FL 33179 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVID LOVELL | |
| STREET ADDRESS | 1647 NE Miami Gardens Drive #123 | |
| CITY-ST-ZIP | N. Miami Bch 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:

Juanita Taulo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(03-06-2001) 305/087-8008

CR2E037 (10/00)