


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90470 016 \*\*\*\*61.25

**DOCUMENT # 707689**

1. Entity Name  
**SKY LAKE GARDENS NO 1, INC. A CONDOMINIUM**



Principal Place of Business  
**1639 NE MIAMI GARDENS DRIVE  
#116  
MIAMI, FL 33179**

Mailing Address  
**1639 NE MIAMI GARDENS DRIVE  
#116  
MIAMI, FL 33179**

2. Principal Place of Business  
**1611 NE MIAMI GARDENS DRIVE**

3. Mailing Address  
**1611 NE MIAMI GARDENS DRIVE**

Suite, Apt. #, etc.  
**# 209**

City & State  
**North Miami, FL**

Zip  
**33179**

Country  
**USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**59-1060232**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GILLER, BRIAN J  
976 ARTHUR GODFREY RD  
PH1  
MIAMI BEACH, FL 33179**

7. Name and Address of New Registered Agent  
Name  
**Alfie Justiz**  
Street Address (P.O. Box Number is Not Acceptable)  
**1611 NE MIAMI GARDENS DRIVE  
#209**  
City  
**NORTH MIAMI** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alfie Justiz* **ALFIE JUSTIZ** **2.26.03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACOSTA, EDUARDO 1639 NE MIAMI BEACH DRIVE #116 MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUSTIZ, ALFIE 1611 NE MIAMI GARDENS DRIVE #209 NORTH MIAMI, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PINTO, LIGIA 1635 MIAMI GARDENS DR 137 N MIAMI BCH, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERRINGER, KENNETH 1605 NE MIAMI GARDENS DRIVE #106 NORTH MIAMI, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLORES, CECILIA 1639 NE MIAMI GARDENS DR #208 MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AXNIUX MANRESA 1643 NE MIAMI GARDENS DRIVE #221 NORTH MIAMI, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LINDSEY, CLARA 1601 NE MIAMI GARDENS DRIVE #210 MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONNA WOODLOCK 1643 NE MIAMI GARDENS DRIVE #121 NORTH MIAMI, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUIZ, MARGARITA 1601 NE MIAMI GARDENS DR #209 MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACK AMIEL 1611 NE MIAMI GARDENS DRIVE #112 NORTH MIAMI, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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

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 517, 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: *Donna Woodlock* **DONNA WOODLOCK** **2.26.03** **305.949.3839**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)