2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State
04-22-2000 90047 044 ****61.25

DOCUMENT # 708010

1. Entity Name

SKY LAKE GARDENS NO. 2. INC., A CONDOMINIUM

Principal Place of Business	Mailing Address
P.O. BOX 600301 NORTH MIAMI BEACH FL 33160	P.O. BOX 600301 NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1171512 ☐ Applied For ☐ Not Applicable

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
DAVILA, ROLANDO 1655 NE MIAMI GARDENS DR ~~#116~~ Apt 106 NORTH MIAMI BEACH FL 33179	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPDT DAVILA, ROLANDO 1655 NE MIAMI GARDENS DR #~~106~~ P/D NORTH MIAMI BEACH FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D 1655 NE Miami Gardens Dr # 106	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPT ROBINSON, HENRY 1705 NE MIAMI GARDENS DR. #~~116~~ 118 N MIAMI BCH FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V 1705 NE Miami Gardens Dr # 118	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPT BUENDIA, SOLONGE 1719 NE MIAMI GARDENS DR #130 ✓ NORTH MIAMI BEACH FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSDT ADAMS, MARTINA 1719 NE MIAMI GARDENS DR #~~119~~ 230 NORTH MIAMI BEACH FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D 1719 NE Miami Gardens Dr # 230	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTDT CASTRO, JUAN 1715 NE MIAMI GARDENS DR, 129 ✓ NORTH MIAMI BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: ROLANDO DAVILA O/D 4/12/00 (305) 944 0586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #