

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90161 028 ****61.25

DOCUMENT # 708010

1. Entity Name

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

Principal Place of Business

P.O. BOX 600301
 NORTH MIAMI BEACH FL 33160

Mailing Address

P.O. BOX 600301
 NORTH MIAMI BEACH FL 33160

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
#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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVILA, ROLANDO 1655 NE MIAMI GARDENS DR #106 NORTH MIAMI BEACH FL 33179	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBINSON, HENRY 1705 NE MIAMI GARDENS DR #118 N MIAMI BCH FL 33179	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUENDIA, SOLONGE 1719 NE MIAMI GARDENS DR #130 NORTH MIAMI BEACH FL 33179	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMS, MARTINA 1719 NE MIAMI GARDENS DR #230 NORTH MIAMI BEACH FL 33179	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASTRO, JUAN 1715 NE MIAMI GARDENS DR, 129 NORTH MIAMI BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yasmine Jamal 1663 NE Miami Gardens Dr # 241 N. Miami Beach, FL 33179	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nilda Castillo 1667 NE Miami Gardens Dr # 243 N. Miami Beach, FL 33179	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suling Consuegra 1711 NE Miami Gardens Drive Apt 12 North Miami Beach, FL 33179	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan Castro
 Juan Castro

04/06/01

Date

(954) 730-2900

Daytime Phone #

CR2E037 (10/00)