2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90376 010 ****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
% Miami Management	SAME
Suite, Apt. #, etc. 1380 NE Miami Gardens Dr.	Suite, Apt. #, etc.
City & State N Miami Bch, FL.	City & State
Zip 33179 Country USA	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 Carlos Tejera Street Address (P.O. Box Number is Not Acceptable) 10570 NW 27 Street, Ste. 103 City Miami FL Zip Code 33172

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] 4/10/02

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	TD DAVILA, ROLANDO 1655 NE MIAMI GARDENS DR #106 NORTH MIAMI BEACH FL 33179	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Raul MARANON 1715 NE MIAMI GARDENS DR #128 N MIAMI BCH, FL. 33179 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V YASMINE, JAMAL 1663 NE MIAMI GDN DR 241 N MIAMI BCH FL 33179	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JULIO MUNIZAGA 1667 NE MIAMI GARDENS DR #143 N. MIAMI BCH, FL. 33179 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CASTILLO, NILDA 1667 NE MIAMI GDN DR 243 NORTH MIAMI BEACH FL 33179	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARY B. ANDUJA 1705 NE MIAMI GARDENS Dr #118 N. MIAMI BCH, FL 33179 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CONSUEGRA, SULING 1711 NE MIAMI GDN DR A122 NORTH MIAMI BEACH FL 33179	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Steven J. ZOEN 1671 NE MIAMI GARDENS Dr #249 N. MIAMI BCH, FL. 33179 ☒ Change ☐ Addition
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	VPD NESTOR H. LOZANO 1659 NE MIAMI GARDENS Dr #112 N. MIAMI, BCH, FL. 33179 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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] SIGNATURE REQUIRED 04-96-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #