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

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 91019 049 ****70.00

DOCUMENT # 708010

1. Entity Name
Skylake Gardens #2 condominium association Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18654 NE 18 Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl	City & State
Zip: 33179 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

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

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

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7. Name and Address of Current Registered Agent

Name: Marta Bascoy

Street Address (P.O. Box Number is Not Acceptable): 4917 SW 16 Ave

City: Miramar FL Zip Code: 33027

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: Marta Bascoy — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 2/20/03

FEE IS $61.25
Initial or Amended UBR

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

TITLE P.D	President	TITLE	
NAME	Raul Maranon	NAME	
STREET ADDRESS	1715 NE Miami Gardens Drive	STREET ADDRESS	
CITY-ST-ZIP	#128 Miami Fl 33179	CITY-ST-ZIP	
TITL TR	TREASURER.	TITLE	
NAME	Julio Munizaga #143	NAME	
STREET ADDRESS	1667 NE Miami Gardens Dr.	STREET ADDRESS	
CITY-ST-ZIP	Miami Fl 33179	CITY-ST-ZIP	
TITLE Sec.	Secretary	TITLE	
NAME	Yolanda Osorio	NAME	
STREET ADDRESS	1715 NE Miami Gardens Dr.	STREET ADDRESS	
CITY-ST-ZIP	#229. Miami Fl 33179	CITY-ST-ZIP	
TITLE V.P.	Vice President #120	TITLE	
NAME	Rolando Jimenez	NAME	
STREET ADDRESS	1705 NE Miami Gardens Dr	STREET ADDRESS	
CITY-ST-ZIP	Miami Fl 33179	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/19/03