

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90034 013 \*\*\*\*61.25

**DOCUMENT # 708437**

1. Entity Name

~~SKY LAKE GARDENS NO.3, INC., A CONDOMINIUM~~

Principal Place of Business

Mailing Address

18650 N.E. 18 AVE  
 #233  
 MIAMI FL 33179  
 US

18650 N.E. 18 AVE  
 #233  
 MIAMI FL 33179-5337  
 US

2. Principal Place of Business

3. Mailing Address

*Same as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1090024**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CIAN, DEBBI**  
 18650 N.E. 18 AVE  
 #233  
 MIAMI 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: PD  
 NAME: DURAND, ANA **D**  
 STREET ADDRESS: 18650 NE 18 AVE, #133  
 CITY-ST-ZIP: MIAMI FL 33179  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: TD  
 NAME: CIAN, DEBBI **D**  
 STREET ADDRESS: 18650 NE 18 AVE, #233  
 CITY-ST-ZIP: MIAMI FL 33179  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: VPD  
 NAME: IBARRA, LINDOMAR  
 STREET ADDRESS: 18634 NE 18 AVE, #139  
 CITY-ST-ZIP: MIAMI FL 33179  Delete *Delete*

TITLE: VICE PRESIDENT **D**  Change  Addition  
 NAME: OSCAR MOTICA  
 STREET ADDRESS: 18550 NE 18 AVE #158  
 CITY-ST-ZIP: MIAMI FL 33179 *add*

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-7-00*

Date

*(305) 6249994*

Daytime Phone #

CR2E037 (9/99)