

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90295 012 \*\*\*\*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  
 US

LUU13700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**18634 NE 18 Ave**

3. Mailing Address

**18634 NE 18 Ave**

Suite, Apt. #, etc.

**# 238**

Suite, Apt. #, etc.

**# 238**

City & State

**Miami FL**

City & State

**Miami FL**

4. FEI Number

**59-1090024**

Applied For

Not Applicable

Zip

**33179**

Country

**US**

Zip

**33179**

Country

**US**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CIAN, DEBBI**  
**18650 N.E. 18 AVE**  
**#233**  
**MIAMI FL 33179**

7. Name and Address of New Registered Agent

Name **ALAN SOKOL**

Street Address (P.O. Box Number is Not Acceptable)

**18634 NE 18 Ave**

**# 238**

City **Miami**

**FL**

Zip Code

**33179**

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

*Alan Sokol - President*

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	<input checked="" type="checkbox"/> Delete
NAME	<del>DURAND ANA</del>	
STREET ADDRESS	<del>18650 NE 18 AVE, #133</del>	
CITY-ST-ZIP	<del>MIAMI FL 33179</del>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CIAN, DEBBI	
STREET ADDRESS	18650 NE 18 AVE, #233	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	<del>MOTICA OSCAR</del>	
STREET ADDRESS	<del>18550 NE 18TH AVE #158</del>	
CITY-ST-ZIP	<del>MIAMI FL 33179</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAN SOKOL	
STREET ADDRESS	18634 NE 18 AVE #238	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NO Changes	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUANA FERNANDEZ	
STREET ADDRESS	18616 NE 18 AVE #120	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Alan Sokol*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/01

Date

954467-4327

Daytime Phone #

CR2E037 (10/00)