

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

DOCUMENT # 70843  
1. Entity Name  
SKY LAKE GARDENS CONDOMINIUM #3, INC.

FLA. SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 FEB 18 PM 5:06

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business MIAMI FL.		3. Mailing Address 18634 18TH AVE # 139	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 139	
City & State		City & State MIAMI FL	
Zip	Country	Zip	Country
33179	USA	33179	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 29-109 0024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: LINDOMAK YBAKKA  
Street Address (P.O. Box Number is Not Acceptable):  
18634 NE 18TH AVE # 139  
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: LINDOMAK YBAKKA (PRESIDENT) DATE: FEB. 12 / 2002

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LINDOMAK YBAKKA 18634 NE 18TH AVE # 139 MIAMI FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100004991241--2 -02/22/02--01059--003 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MYNOR A. RAMIREZ 18608 NE 18TH AVE # 157 MIAMI FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CARMEN E. LOPEZ DD 18612 NE 18TH AVE # 214 MIAMI FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT FERNANDO LANDRON DD 18562 NE 18TH AVE # 208 MIAMI FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT TREASURER DD JOSEFA E. BRAVO 18600 NE 18TH AVE # 249 MIAMI FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: LINDOMAK YBAKKA DATE: FEB. 12 / 2002 (305) 945 7175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)