

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

DOCUMENT # **708437**

1. Entity Name

SKY LAKE GARDENS NO. 3, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 17 AM 11:45

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18642 NE. 18 ave.

Suite, Apt. #, etc.
224

City & State
N.M. Bch. FL.

Zip
33179

Country
USA

3. Mailing Address

18642 NE. 18 ave.

Suite, Apt. #, etc.
224

City & State
N.M.B. FL.

Zip
33179

Country
U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1090024

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Lindomar Ibarro**


Street Address (P.O. Box Number is Not Acceptable)
13634 NE. 18 Ave #139

N. Miami Bch. FL 33179

City **N.M. Bch.** State **FL** Zip Code **33179**

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IN THIS SPACE**

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  **Lindomar Ibarro**

DATE **9/23/02**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **DPD.**
NAME **Angelique Vasquez**
STREET ADDRESS **18642 NE. 18 ave #224**
CITY-ST-ZIP **N. Miami Bch. FL. 33179**

TITLE **DP. PD.**
NAME **Fernando Landron**
STREET ADDRESS **18562 NE. 18 ave #208**
CITY-ST-ZIP **N. Miami Bch. FL. 33179**

TITLE **D. DSec.**
NAME **Carmen Lopez**
STREET ADDRESS **18612 NE. 18 ave. #214**
CITY-ST-ZIP **N. Miami Bch. FL. 33179**

TITLE **D. DPres.**
NAME **Pamela Stephens**
STREET ADDRESS **18616 NE. 18 ave. #221**
CITY-ST-ZIP **N. Miami Bch. FL. 33179**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **Angelique Vasquez** - 9/23/02 305-949-0702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)