

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90205 021 \*\*\*\*61.25

**DOCUMENT # 708437**

1. Entity Name

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



Principal Place of Business

**18634 NE 18 AVE  
#139  
MIAMI FL 33179  
US**

Mailing Address

**18634 NE 18 AVE  
#139  
MIAMI FL 33179  
US**

2. Principal Place of Business

**18642 NE. 18 Ave  
Suite, Apt. #, etc.  
# 224**

3. Mailing Address

**18642 NE. 18 Ave  
Suite, Apt. #, etc.  
# 224**

City & State

**N.M.B. FL.**

City & State

**N.M.B. FL.**

Zip

**33179**

Country

**U.S.A.**

Zip

**33179**

Country

**U.S.A.**

4. FEI Number **59-1090024**

Applied For

Not Applicable

5. Certificate of Status Desired **(NO)** ~~Additional Fee Required~~



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**IBARRA, LINDOMAR  
18634 NE 18 AVE  
#139  
MIAMI FL 33179**

7. Name and Address of New Registered Agent

Name **Angelique Vasquez**  
Street Address (P.O. Box Number is Not Acceptable)  
**18642 NE. 18 Ave. APT. 224**  
City **N.M.Bch.** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/3/03**

**FILE NOW: FEE IS \$61.25**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	IBARRO, LINDOMAR	18634 NE 18 AVE #139	MIAMI FL 33179	<input checked="" type="checkbox"/>
T	RAMIREZ, MYNOR	18606 NE 18 AVE #157	MIAMI FL 33179	<input checked="" type="checkbox"/>
SD	LOPEZ, CARMEN	18612 NE 18TH AVE #214	MIAMI FL 33179	<input checked="" type="checkbox"/>
DV	LANDRON, FERNANDO	18562 NE 18TH AVE #208	MIAMI FL 33179	<input checked="" type="checkbox"/>
ATD	BRAVO, JOSEFA E	18600 NE 18TH AVE #249	MIAMI FL 33179	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P.D.	Angelique Vasquez	18642 NE. 18 Ave. #224	N.M.Bch. FL 33179	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T.D.	Pamela Stephens	18616 NE. 18 Ave. #221	N.M.Bch. FL 33179	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D.V.	Jose Bravo	18600 NE. 18 Ave. #249	N.M.Bch. FL 33179	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S.T.	Josefa Bravo	18600 NE. 18 Ave. #249	N.M.Bch. FL 33179	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REGISTERED**  
**Angelique Vasquez**

**2/3/03 - 949-0702**  
**305**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)