

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90046 035 ****61.25

DOCUMENT # 709475

1. Entity Name

SKY LAKE GARDENS NO 4, INC., A CONDOMINIUM

Principal Place of Business

Mailing Address

~~18740 NE 18 AVE #142
 N MIAMI BCH FL 33179~~

~~18740 NE 18 AVE #142
 N MIAMI BCH FL 33179~~

18750 NE 18 AVE #151 N MIAMI BEACH 33111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1104987

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEW AGENT

Name

RABINSKY DAVID

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

**RABINSKY, DAVID
 18750 NE 18 AVE
 # 151**

18750 NE 18 AVE #151

City

N. MIAMI BEACH FL 33179 N MIAMI BEACH

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

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

DAVID RABINSKY SEC/TREASURER

(NOTE: Registered Agent signature required when reinstating)

4/9/2000

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	SECRETARY - TREASURER <input type="checkbox"/> Delete
NAME	RABINSKY, DAVID
STREET ADDRESS	18750 N.E. 18 AVENUE #151
CITY-ST-ZIP	N MIAMI BCH FL 33179
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	CARBOLLA, ROBERTO
STREET ADDRESS	18746 N.E. 18 AVENUE #148
CITY-ST-ZIP	N MIAMI BCH FL 33179
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	MUNGER, FAYE
STREET ADDRESS	18740 NE 18 AVE #142
CITY-ST-ZIP	N MIAMI BCH. FL
TITLE	PRESIDENT <input type="checkbox"/> Delete
NAME	DE BRITO, ALICE
STREET ADDRESS	18700 N.E. 18 AVENUE #103
CITY-ST-ZIP	N MIAMI BCH. FL 33179
TITLE	D <input type="checkbox"/> Delete
NAME	KUBIAK, GARY
STREET ADDRESS	18780 NE 18 AVE #125
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	BENDAS, JOHN
STREET ADDRESS	18720 NE 18 AVE #114
CITY-ST-ZIP	N. MIAMI BEACH FL

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMOND TEIXEIRA
STREET ADDRESS	18740 NE 18 AVE # 245
CITY-ST-ZIP	N MIAMI BEACH FL 33179
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUIS BARBOSA
STREET ADDRESS	18740 NE 18 AVE # 244
CITY-ST-ZIP	N MIAMI BEACH FL 33179
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSA VASQUEZ
STREET ADDRESS	18786 NE 18 AVE # 131
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	
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:

SIGNATURE REQUIRED **DAVID RABINSKY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/2000 (305) 956 9984