


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

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-02-2004 90039 021 ****70.00

DOCUMENT # 709475

1. Entity Name
**Skylake Gardens# 4, Inc.,
A Condominium**



DO NOT WRITE IN THIS SPACE



66403870

2. Principal Place of Business
18700 NE 18 Ave

3. Mailing Address
Same

Suite, Apt. #, etc. _____

DO NOT WRITE IN THIS SPACE

City & State
N. Miami Beach, Florida

City & State _____

Zip
33179

Country
USA

Zip _____

Country _____

4. FEI Number
59-110 4987

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

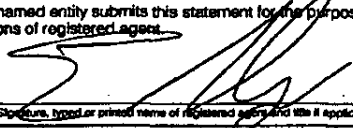
Name **Eric Glazzer, Esq.**

Street Address (P.O. Box Number is Not Acceptable)
1920 S. Hollandale Beach Blvd

Suite **806**

City **Hollandale** FL Zip Code **33009**

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  DATE **01/26/2004**

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

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 Florida Department of State


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Rosa Vasques 18790 NE 18 Ave # 131, N.M.B. Fl, 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Margaret K. Bodolay 18740 NE 18 Ave # 145, N.M.B., Fl, 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Raul Lavin 18700 NE 18 Ave # 204, N.M.B., Fl, 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Jose Gomez 18706 NE 18 Ave # 207, N.M.B. Fl, 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Lucho Vera Tudela 18746 NE 18 Ave # 148, N.M.B. Fl, 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member: Alica de Brito Member: Raymond L Texeira 18700 NE 18 Ave, N.M.B., Fl, 33179

DO NOT WRITE IN THIS SPACE

CR2/E0378 (1/2/02)

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:  **01/26/2004** (305) 949-4557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #