

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90042 002 ****71.00

DOCUMENT # 709475
1. Entity Name
Skylake Gardens #4
a condominium Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18654 NE 18 Ave
Suite, Apt. #, etc.
OFFICE
City & State
MIAMI, FL
Zip
33179
Country
USA

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
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**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name MARTA BRIAN GILLER, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
975 ARTHUR GODFREY RD.
P.H.I.
City MIAMI BEACH FL Zip Code 33140

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 1/29/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P. NAME STREET ADDRESS CITY-ST-ZIP	<u>CARLOS CARRASCO</u> <u>PRESIDENT</u> <u>18720 NE 18 AVE #115</u> <u>MIAMI FL 33179</u>
TITLE T. NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER</u> <u>ANATOLIA PATINO</u> <u>18720 NE 18 AVE #</u> <u>33179</u>
TITLE D. NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR</u> <u>RAYMUNDO SORIS</u> <u>18720 NE 18 AVE</u> <u>MIAMI FL 33179</u>
TITLE V-P. NAME STREET ADDRESS CITY-ST-ZIP	<u>ROLAND FURMAN</u> <u>18720 NE 18 AVE</u> <u>MIAMI FL 33179</u> <u>Vice President</u> <u>DIRECTOR</u>
TITLE S. NAME STREET ADDRESS CITY-ST-ZIP	<u>GABRIEL FORERO</u> <u>18720 NE 18 AVE</u> <u>MIAMI FL 33179</u> <u>SECRETARY</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E037B (12/02)

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 officers empowered.

SIGNATURE: CARLOS CARRASCO
PRESIDENT
DATE 1/29/03 305 949-2711