

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006898

1. Entity Name

SKYLIS, L.L.C.

Principal Place of Business

Mailing Address

1688 MERIDIAN AVE
SUITE 801
MIAMI BEACH FL 33139

1688 MERIDIAN AVE
SUITE 801
MIAMI BEACH FL 33139

2. Principal Place of Business

3550 BISCAYNE BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

310

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33137

Country

US

Zip

MIAMI, FL

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, MITCHELL F
KRAMER GREEN ZUCKERMAN KAHN & GREENE PA
4000 HOLLYWOOD BLVD SUITE 485 SOUTH
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name: JOSEPH MAENZA

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

3550 BISCAYNE BLVD # 310

City MIAMI

FL

Zip Code 33137

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

JOSEPH MAENZA

6/28/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

600004476966--3

-07/16/01--01044--020

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MANAGING MEMBER ☐ Delete
NAME JOSEPH MAENZA
STREET ADDRESS 3550 BISCAYNE BLVD #310
CITY-ST-ZIP MIAMI, FLA 33137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

6/28/01 305-573-4634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE