

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92172 007 \*\*\*\*50.00

**DOCUMENT # L02000028500**

1. Entity Name

Skymet LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

701 BRICKELL KEY DRIVE

3. Mailing Address

701 BRICKELL KEY DRIVE

Suite, Apt. #, etc.

#1903

Suite, Apt. #, etc.

#1903

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI FL

City & State  
MIAMI FL

4. FEI Number

02-0654867

Applied For

Not Applicable

Zip  
33131

Country  
USA

Zip  
33131

Country  
USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
A1A REGISTERED AGENT, INC.

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

25 S.E. 2ND AVENUE SUITE 1036

City  
MIAMI

FL

Zip Code  
33131

**DO NOT WRITE IN THIS SPACE**

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.

PAUL SMITH, Vice President

DATE

04-30-03

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
MGRM  
ARANA, JOSE  
STREET ADDRESS  
701 BRICKELL KEY DRIVE, #1903  
CITY-ST-ZIP  
MIAMI FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
MGRM  
URIBE, ALBERTO  
STREET ADDRESS  
701 BRICKELL KEY DRIVE, #1903  
CITY-ST-ZIP  
MIAMI FL 33131

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

JOSE ARANA, MGRM

3/3/03

(305) 371 0017

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

Date

Daytime Phone #

CR2E083B (12/02)