

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 28 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96809

1. Entity Name

SKYSCRAPER INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 Brickell Avenue

Suite, Apt. #, etc.

16th Floor

City & State

Miami, FL. 33131

Zip
33131

Country
USA

3. Mailing Address

801 Brickell Avenue

Suite, Apt. #, etc.

16th Floor

City & State

Miami, FL. 33131

Zip
33131

Country
USA

4. FEI Number

65-0217212

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

CT CORPORATION

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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

PETER F. SOUZA
ASSISTANT SECRETARY

4/17/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
Rodriguez-Fraile, Gonzalo
801 Brickell Avenue, 16th Floor
Miami, FL. 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
Sullivan, John, S.
801 Brickell Avenue, 16th Floor
Miami, FL. 33131

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Sullivan

3/20/02

(305) 381-8340

Date

Daytime Phone #

CR200201201