2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800001857 1. Entity Name

SKYSCRAPER HOLDING L.L.C.

Principal Place of Business 7045 N.W. 46 STREET MIAMI FL 33166

Mailing Address

7045 N.W. 46 STREET MIAMI FL 33166

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

6.-Name and Address of Current Registered Agent

Zip

FILED May 22, 2002 8:00 am Secretary of State

05-22-2002 90231 020 ****50.00

S P G G G K



DO NOT WRITE IN THIS SPACE

GRAY, RICHARD V ESQ. 2701 LEJEUNE ROAD, SUITE 405 CORAL GABLES FL 33134

Country

7. Name and Address of New Registered Agent Name RAIMUNDO ALEMAN Street Address (P.O. Box Number is Not Acceptable)

65-0867651

7045 N.W. 46 ST.

4. FEI Number

5. Certificate of Status Desired

City

Applied For

\$5.00 Additional

Fee Required

Not Applicable

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.

Zip

RAIMUNDO ALEMAN

4/29/2002

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State

Country

		Due	By May 1, 200)2		
9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANG	ES	
TITLE	MGRM	₩ Delete	TITLE	MGRM	Change	Addition
NAME	Balva, udi		NAME	RICHARD FOSTER E(O. LL	2	
STREET ADDRESS	7045 N.W. 46 STREET		STREET ADDRESS	7045 N.W. 46 STREET		
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP	MIAMI FI 33166		
TITLE	MGRM	■ Delete	TITLE	MGRN	☐ Change	Addition
NAME	BADAL, REY		NAME	ALEMAN & CO. LLC		
STREET ADDRESS	7045 N.W. 46 STREET		STREET ADDRESS	7045 N.W. 46 STREET		
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP	MIANI FI 33166		
TITLE		☐ Delete	TITLE	MGRM	☐ Change	M Addition
NAME			NAME	BADAL & CO. LLC		
STREET ADDRESS			STREET ADDRESS	7045 N.W. 46 STREET		
CITY-ST-ZIP			CITY-ST-ZIP	MIANI FI 33166		
TITLE		☐ Delete	TITLE		Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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STREET ADDRESS			STREET ADDRESS			i
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME		_ •	_
STREET ADDRESS			STREET ADDRESS			İ
CITY-ST-ZIP			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:

4/29/2012 805-591-5678 Cyr 327