

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000068

1. Entity Name

SKY LATIN AMERICA, LLC

APPROVED
AND
FILED

00 MAY -9 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

14750 NW 77TH COURT, SUITE 220
MIAMI LAKES FL 33016

Mailing Address

ATTN: TAX DEPT.
P.O. BOX 900
BEVERLY HILLS CA 90213-0900

2. Principal Place of Business

3. Mailing Address

14750 NW 77th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 220

City & State

City & State
Miami Lakes, FL

Zip

Country

Zip
33016

Country
USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

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

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SESLA, INC.
14750 NW 77TH COURT, SUITE 220
MIAMI LAKES FL 33016

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
Sky Latin America Partners
14750 NW 77th Court
Suite 220
Miami Lakes, FL 33016

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200003278862-0
-06/06/00--01101--006

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
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CITY - ST - ZIP
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
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☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP

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☐ Change ☐ Addition

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☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)