

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004776

1. Entity Name
SKYBOX.NET, INC.

Principal Place of Business
7296 NW 44TH STREET
MIAMI FL 33166-6400

Mailing Address
7296 NW 44TH STREET
MIAMI FL 33166-6400

2. Principal Place of Business
2101 N.W. 82 Avenue
Suite, Apt. #, etc.

3. Mailing Address
2101 N.W. 82 Avenue
Suite, Apt. #, etc.

City & State
Miami, Florida
Zip
33122

Country
USA

City & State
Miami, Florida
Zip
33122

Country
USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZAMORA, ANTONIO R
1408 BRICKELL BAY DRIVE
APARTMENT 1211
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Capital Connection Inc.
Street Address (P.O. Box Number is Not Acceptable)
417 E. Virginia St.
City
Tallahassee FL Zip Code
32301

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]
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE 9/14/01

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

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HERNANDEZ, ALBERT P
4405 N.W. 73RD AVENUE
MIAMI FL 33166 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HERNANDEZ, A J
7296 NW 44TH STREET
MIAMI FL 33166-6400 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEISBERG, PETER
7296 NW 44TH STREET
MIAMI FL 33166-6400 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
Rodrigo Gana
2101 N.W. 82 Avenue
Miami, Florida 33122 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900004609709-4
-09/25/01--01015--003
1650.00 *550.00 ☐ Change ☐ Addition

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

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

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

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

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 SEP 14 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)