

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000017261

1. Entity Name

SKIES PRODUCTIONS CORP

Principal Place of Business

702 13TH ST #308
MIAMI BEACH FL 33139

Mailing Address

702 13TH ST #308
MIAMI BEACH FL 33139

2. Principal Place of Business

1210 WASHINGTON AVE

3. Mailing Address

1210 WASHINGTON AVE

Suite, Apt. #, etc.

230

Suite, Apt. #, etc.

230

City & State

FL MIAMI BEACH

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FEI Number

650984531

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAES, JAMES M
702 13TH ST #308
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

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

1210 WASHINGTON AVE

City

MIAMI BEACH

FL

Zip Code

33139

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

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

VICE PRESIDENT
CIRERA-ROBERTSON NONIQUE
1210 WASHINGTON AVE
MIAMI BEACH FL 33139

☐ Change ☒ Addition

PRESIDENT
BAES JAMES
1210 WASHINGTON AVE
MIAMI BEACH FL 33139

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

Date

305 672 0145

Daytime Phone #

CR2E034 (10/00)

0170280

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90072 044 ***150.00



DO NOT WRITE IN THIS SPACE