

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036224

1. Entity Name

SKYLARK APARTMENTS, INC.

FILED
Aug 08, 2001 8:00 am
Secretary of State

02-03-2001 90280 026 ***150.00

Principal Place of Business
7481 S.W. 50TH TERRACE
MIAMI FL 33155

Mailing Address
7481 S.W. 50TH TERRACE
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBI Number

☒ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHULY, MARGARITA A
7481 S.W. 50TH TERRACE-
MIAMI FL 33155

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHULY, MARGARITA A 7481 S.W. 50TH TERRACE MIAMI FL 33155	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/00)

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 over all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/01 (315) 662-1000
Date Daytime Phone #

Attachment
Briele & Echeverria, P.A. 10998

Certified Public Accountants

July 31, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Re: Skylark Apartments, Inc.
P00000036224


Dear Sir or Madam:

We are writing this letter on behalf of the above referenced client.

Please be informed that your notice dated February 12, 2001 (copy attached herewith) was lost in the mail and was just recently received. We have completed the application as requested in your notice, and have included it with this letter.

We respectfully request you process this application accordingly. Thank you in advance for your assistance with this matter.

Sincerely


E. Beatriz Echeverria C.P.A.