May 17 02 12:53p Clavijo Flynn DeTorres PA 3[illegible]

FILED
Aug 08, 2002 8:00 am
Secretary of State
08-08-2002 90092 021 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000071205

1. Entity Name

Sea and Sky Properties, Inc.
1865 Brickell Ave. - Unit A-2014
Miami, FL 33131

B0133678

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1865 Brickell Ave.	1865 BRICKELL
Suite, Apt. #, etc.: A-2014	Suite, Apt. #, etc.: A-2014
City & State: Miami, FL	City & State: MIAMI FL
Zip: ~~33131~~ 33129 Country	Zip: 33129 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2354705 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: ~~Maria Teresa Fernandez-Escobrar~~
Street Address (P.O. Box Number is Not Acceptable): ~~1865 Brickell Ave. - Unit-A-2014~~
City: Miami FL Zip Code: ~~33131~~ 33129

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 ______ DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $650.00
Amended UBR is $61.25
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: Maria ~~Teresa~~ Fernandez-Escobar STREET ADDRESS: 1865 Brickell Ave.- A-2014 CITY-ST-ZIP: Miami. FL ~~33131~~ 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MARIA TERESA FERNANDEZ E.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #