

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90115 013 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000099388			
1. Entity Name SKY REALTY OF SOUTH FLORIDA, INC.			
Principal Place of Business 62 INDIAN TRACE, #99 WESTON, FL 33326		Mailing Address 62 INDIAN TRACE, #99 WESTON, FL 33326	
2. Principal Place of Business 10 Fairway Dr Suite, Apt. #, etc. 302 City & State Deerfield Beach, FL Zip 33441 Country USA		3. Mailing Address 10 Fairway Dr Suite, Apt. #, etc. 302 City & State Deerfield Beach, FL Zip 33441 Country USA	
4. FEI Number 65-1146982		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GUR, ROMEN 62 INDIAN TRACE, #99 WESTON, FL 33326		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when a signature) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUR, ROMEN 62 INDIAN TRACE, #99 WESTON, FL 33326 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUR, Romen 10 Fairway Dr # 302 Deerfield Beach, FL 33441 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: _____		4/11/03	954-571-8030