2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P01000102196

1. Entity Name
THE SKIES MEDICAL EQUIPMENTS, INC.

Principal Place of Business	Mailing Address
2515 COOLIDGE ST.	2515 COOLIDGE ST.
HOLLYWOOD FL 33020	HOLLYWOOD FL 33020

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4234 W 16th Ave	4234 W 16th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Hialeah FL	City & State Hialeah FL
Zip FL 33012 Country Dade	Zip 33012 Country Dade

4. FEI Number 65-1146682

☐ 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
MIRABAL, MIGUEL J	Name Miguel J. Mirabal
2515 COOLIDGE ST.	Street Address (P.O. Box Number is Not Acceptable)
HOLLYWOOD FL 33020	2515 Coolidge ST
	City Hollywood FL Zip Code 33020

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 _____
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)

President 1/9/03
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 P NAME MIRABAL, MIGUEL J STREET ADDRESS 2515 COOLIDGE ST CITY-ST-ZIP HOLLYWOOD FL 33020	☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: _____SIGNATURE REQUIRED_____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 828-4594 1/9/03
Date   Daytime Phone #