

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

5/5

05-05-2003 91759 001 ***150.00

DOCUMENT # P02000039321

1. Entity Name
SKY ENDO TECHNOLOGIES, INC.



Principal Place of Business
**30370 OLD DIXIE HIGHWAY
202
HOMESTEAD FL 33033**

Mailing Address
**30370 OLD DIXIE HIGHWAY
202
HOMESTEAD FL 33033**

2. Principal Place of Business

815 North Homestead Blvd.

Suite, Apt. #, etc.

#231

City & State

Homestead, FL

Zip
33030

Country

U.S.A.

3. Mailing Address

815 North Homestead Blvd.

Suite, Apt. #, etc.

#231

City & State

Homestead, FL

Zip
33030

Country

U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-109624

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TURNER, CHARLES R
28600 SW 132 AVE
LOT 12
HOMESTEAD FL 33033**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
Jose Torres, CEO ☐ Delete
NAME
1022 Adams Ave. Apt. L
STREET ADDRESS
Homestead, FL 33034
CITY-ST-ZIP

TITLE
Vice-President ☐ Delete
NAME
Brian Scheinhoff
STREET ADDRESS
8440 SW 107th Ave. #104
CITY-ST-ZIP
Miami, FL 33173

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

4-30-03

Date

Daytime Phone #

CR2E034 (10/02)