

FILED
May 27, 2003 8:00 am
Secretary of State

05-01-2003 90830 035 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/

DOCUMENT # P02000044140

1. Entity Name

SKY WAY MORTGAGE CORP.



Principal Place of Business

13852 NW 22 STREET
SUNRISE FL 33323

Mailing Address

13852 NW 22 STREET
SUNRISE FL 33323

55043982



2. Principal Place of Business

8436 W. Oakland Pk Blvd.
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

Zip Country

33351 Broward

4. FEI Number

04-3672-009

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

DENOBRIGA, BEVERLY B

13852 NW 22 STREET
SUNRISE FL 33323

7. Name and Address of New Registered Agent

Name SKY WAY Mortgage Corp.

Street Address (P.O. Box Number is Not Acceptable)

8436 W. Oakland Pk Blvd

City Sunrise

FL

Zip Code 33351

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

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 P ☐ Delete

NAME DENOBRIGA, BEVERLY B
STREET ADDRESS 13852 NW 22 STREET
CITY-ST-ZIP SUNRISE FL 33323

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

954-744-4119

Daytime Phone

CR2E034 (10/02)