

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90076 041 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000049802

1. Entity Name

SKYNET GROUP CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16950 NORTH BAY ROAD

Suite, Apt. #, etc.

1806

City & State
SUNNY ISLES, FL

Zip
33160

Country
U.S.A.

3. Mailing Address
16950 NORTH BAY ROAD

Suite, Apt. #, etc.

1806

City & State
SUNNY ISLES, FL

Zip
33160

Country
U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3657219

Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name PABLO FRIED

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

16950 NORTH BAY ROAD # 1806

City SUNNY ISLES

FL

Zip Code
33160

**DO NOT WRITE
IN THIS SPACE**

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.

PABLO FRIED - REGISTERED AGENT

(NOTE: Registered Agent signature required when reinstating)

DATE

03/18/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
PABLO FRIED - PRESIDENT 16950 NORTH BAY ROAD # 1806 SUNNY ISLES, FL. 33160	

**DO NOT WRITE
IN THIS SPACE**

CR02346 (12/02)

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/18/03

(305) 945-2695

Daytime Phone #