# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052901

1. Entity Name
SKY MEDICAL SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -1 AM 11:30

| Principal Place of Business | Mailing Address |
|---|---|
| 1784 W. FLAGLER ST.<br>#18<br>MIAMI FL 33135<br>US | 1784 W. FLAGLER ST.<br>#18<br>MIAMI FL 33135<br>US |

01-24-01 400120 1003 $150.00

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Street Address, Apt. #, etc. | Street Address, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0592748 ☐ 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 |
|---|---|
| GONZALEZ, JULIO C<br>1784 W. FLAGLER ST.<br>#18<br>MIAMI FL 33135 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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

SIGNATURE _____ DATE
Typed or printed name of registered agent and title if applicable (REQUIRED) Registered Agent signature required when mandatory

9. The corporation is eligible to satisfy its delinquency for filing requirement and elects to do so. (Explanation on back) ☐

**FILE NOW!!! FEE IS $550.00**
**After September 12, 2001 Fee will be $750.00**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete<br>D<br>GONZALEZ, JULIO C<br>3640 SW 4 Street<br>Miami, Florida 33135 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☒ Addition |
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 11/1/01 (305) 541-5186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

October 17, 2001

Division Of Corporation
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Florida 32302

Re: 2001 Uniform Business Report
Document # P95000052901
Sky Medical Services, Inc.

Dear Sirs:

Attached please find copy of 2001 Annual Report sent on 01-10-2001. This Report has not been filed yet due to the fact that name and Address of Director was missing on the report, please be advice that we did not received any prior notification or rejection about this matter.

Corporation officer's name and address is recorded on line 11 of application.

If further information is needed please contact me.

I thank you in advance.

Julio C Gonzalez
President