

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90130 041 ***150.00

DOCUMENT # P96000015612



1. Entity Name
SKYDISH TECHNOLOGIES INC.

Principal Place of Business
**18181 NE 31ST CT
#902
AVENTURA FL 33180**

Mailing Address
**18181 NE 31ST CT
#902
AVENTURA FL 33180**



2. Principal Place of Business
**2871 NE 185th St
Suite, Apt. #, etc.
#204**

3. Mailing Address
**2871 NE 185th St
Suite, Apt. #, etc.
#204**

☐ CHECK HERE IF MAKING CHANGES

City & State
Aventura FL

City & State
Aventura FL

4. FEI Number **65-0641812** Applied For ☐ Not Applicable ☐

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

Zip **33180** Country **USA** Zip **33180** Country **USA**

6. Name and Address of Current Registered Agent
**JANSEN, MICHAEL S
18181 NE 31ST CT
#902
AVENTURA FL 33180**

7. Name and Address of New Registered Agent
Name **Michael S Jansen**
Street Address (P.O. Box Number is Not Acceptable)
**2871 NE 185th St
#204**
City **Aventura** FL **33180**

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 **Michael S Jansen** **Michael S Jansen** **1/30/03**
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANSEN, MICHAEL S	NAME	
STREET ADDRESS	18181 NE 31ST CT #902	STREET ADDRESS	2871 NE 185th St #204
CITY-ST-ZIP	AVENTURA FL 33180	CITY-ST-ZIP	Aventura FL 33180
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Michael S Jansen** **Michael S Jansen** **1/30/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)