

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91764 028 ***158.75

DOCUMENT # P96000029144

1. Entity Name

SKYTRADE LIMITED INC.



Principal Place of Business

7533 MUTINY AVE
NORTH BAY VILLAGE FL 33141

Mailing Address

3832 ADAMS STREET
HOLLYWOOD HILLS FL 33021

2. Principal Place of Business

3. Mailing Address

1835 E. HALLANDALE BCH BLVD

Suite, Apt. #, etc.

(Suite) Apt. #, etc.

183

City & State

HALLANDALE FLORIDA

Zip

Country

33009

Country

US

4. FEI Number

65-0675611

Applied For

Not Applicable

5. Certificate of Status Desired ☒ - \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUAREZ, ALEJANDRO
3832 ADAMS STREET
HOLLYWOOD HILLS FL 33021

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SUAREZ, ALEJANDRO
STREET ADDRESS 3832 ADAMS STREET
CITY-ST-ZIP HOLLYWOOD HILLS FL 33021

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SUAREZ, ALEJANDRO

04-28-03

954-894-8404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)