2001	UNI	R)	-	FILEI)							
DOCUMENT # P96000047057 1. Entity Name SKYTECH SYSTEMS, INC.							Apr 25, 2001 08:00 AM Secretary of State					
Principal Place		S	Mailing Address								-	
MIAMI 33137		FL	MIAMI 33137		FL							
2. Principal P		iess	3. Mailing Address PO BOX 841303								-	
Suite, Apt. SUITE 213	#, etc.		Suite, Apt. #, etc.				C	OO NOT WRIT	E IN THIS	SPACE	–	
City & State		FL	City & State PEMBROKE PPINES	· · · · · · · · · · · · · · · · · · ·	FL		FEI Number 55-0670264			— 	pplied For ot Applicable	
Zip 33020		Country	Zip 33084	Cour	ntry	5.	Certificate of Stat	tus Desired		\$8.75 Ad Fee Require		
	6. Name	and Address of Current	Registered Agent	<u> </u>	<u> </u>	7.	Name and Addre	ess of New Re				-
DUNCAN MARCO 7851NW 3RD STREET., BLDG. 24					Name DUNCAL Street A 2000 AD	ddress (P.O.	LRCO Box Number is No	ot Acceptable)				
PEMBROKI 33024	E PINES	US	TL		APT 2				<u> </u>	Zip Cod		-
9 The chave			r the purpose of changing it		HOLLY				FL	33020		4
SIGNATURE _	MAR(CO A DUNCAN or printed name of registered agent	and title if applicable. (NC	TE: Registere	ed Agent signati	ure required when	· 	-	04/25 DATE	/2001		
Tax filing r	_	and elects to do so.	After MAY 1, 2 Make Check Paya	001 Fee	will be \$5	550.00 t of State		d Contribution	ı.	_ Adde	00 May Be d to Fees	
11.	P	OFFICERS AND	-	12.			IDDITIONS/CHAN	GES TO OFFI	CERS AND			ڇ
NAME STREET ADDRESS CITY-ST-ZIP	DUNCAN	MARCO SRD STREET, BLDG. 24 KE PINES	☐ Delete FL 33024			P DUNCAN 2000 ADA HOLLYW	MS ST		FL	M Change 33020	☐ Additíon	034 (11/
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		-					☐ Change	☐ Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					,	-	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>_</u>		☐ Delete	CITY	ie Eet address '-st-zip					☐ Change	Addition	
of the cor	poration or the or on an atta	it of supplemental report is ne receiver or trustee empt	this filing does not qualify for the and accurate and that owered to execute this report with all other like empowered	my signa rt as requi	fiire chail h	ava tha com	e legal effect as if i orida Statutes; and	mada undar a	aths that I c	m an office	or director	
J. J. M.	JIVE		RINTED NAME OF SIGNING OFFICE	R OR DIREC	TOR			ate		avtime Phone #		

Date

Daytime Phone #