## FILED

## Feb 17, 2003 8:00 am Secretary of State

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

P96000102981 DOCUMENT # 1. Entity Name 02-17-2003 90283 037 \*\*\*150.00 SKI TECH OF MIAMI, INC. Principal Place of Business Mailing Address 6621 TAMIAMI CANAL RD 6621 TAMIAMI CANAL RD MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0716810 Not Applicable Zip Country Country-\$8.75. Additional 5. Certificate of Status Desired -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ-CAUREL, ALEJANDRO Street Address (P.O. Box Number is Not Acceptable) 6621 TAMIAMI CANAL RD MIAMI FL 33126 City 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition PEREZ-CAUREL, ALEJANDRO NAME 6621 TAMIAMI CANAL RD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL 33126 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME SUAREZ, LYSSETT NAME STREET ADDRESS 6534 SW 34 ST. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition

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.

STREET ADDRESS CITY-ST-7IP

NAME

SIGNATURE:

NAME

STREET ADDRESS

786 295 3ZIZ