2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



FILED Mar 06, 2003 8:00 am Secretary of State

1. Entity Nam	•	JU39203			03-06-2003 90126			
	e of Business	Mailing Address			·			
5141 NW 115T		5141 NW 115TH COURT MIAMI FL 33178						
	•	MIRMITE SST70					H44 HH H40	
				···				
2. Principal Place of Business 3. Mailing Address SKY TECH ANT INC SKY TECH A				=	/	164 H(18 1811E HELD E	eine teir ren	
2. Principal Place of Business 5KY TECH Ant INE Suite, Apt. #, etc. 7317 NW 1/3 MACE 7317 NW 1/3				ALL	CHECK HERE IF MAK	ING CHANGES		
City & State		MIAMI FZ		4	4. FEI Number 65-0835275		oplied For ot Applicable	
3317	8 Country V	第178	Country US #		5. Certificate of Status Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
MAUROVICH, RODRIGO				UAUA	14 UROVICH RODRIGO			
5141 NW 115TH COURT				Street Address (No. 1/3 PLACE)				
MIAMI FL 33178				mipm1 +7 32178				
				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 2/25/03								
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					Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
10. OFFICERS AND DIRECTORS 2 11.						AND DIRECTOR	S IN 11	
	VD	Delete	TITLE	VP -	. / [-	Change	Addition	
	MAUROVICH, RODRIGO		NAME	MAUY	ovich, Rodrigo			
	5141 NW 115TH COURT MIAMI FL 33178		STREET ADDRESS CITY-ST-ZIP		NW 1/3 PLACE.			
	MIAMI FL 331/8		TITLE	minn	11 12 351 10	Change	Addition	
TITLE NAME	SCHWARTZ, ILSE J	☐ Delete	NAME			Onlange	Addition	
	5141 NW 115TH COURT		STREET ADDRESS				ļ	
	MIAMI FL 33178		CITY-ST-ZIP					
TITLE		Delete	TITLE -			Change	☐ Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				İ	
TITLE		☐ Delete	TITLE	<u> </u>	4 - 474 4 6 77	☐ Change	Addition	
NAME		U Delete	NAME					
STREET ADDRESS	•		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME Street address			NAME STREET ADDRESS					
- CITY-ST-ZIP			CITY-ST-ZIP				Ì	
TITLE		☐ Delete	TITLE		* *****	☐ Change	Addition	
NAME			NAME					

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP