FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91326 025 ***150.00

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057588

1. Entity Name

SKYLINE REAL ESTATE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	210 PARK ROAD NORTH Suite, Apt. #, etc.
City & State	City & State: ROYAL PALM BEACH, FL.
Zip / Country	Zip: 33411 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0846913 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: **AMERILAWYER**

Street Address (P.O. Box Number is Not Acceptable): **343 ALMERIA AVENUE**

City: **CORAL GABLES** **FL** Zip Code: **33134**

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD		
NAME	ST. JEAN, PIERRE A. SR.		
STREET ADDRESS	210 PARK ROAD NORTH		
CITY-ST-ZIP	ROYAL PALM BEACH, FL. 33411		
TITLE	SVD		
NAME	GARCON MARC C.		
STREET ADDRESS	210 PARK ROAD NORTH		
CITY-ST-ZIP	ROYAL PALM BEACH, FL. 33411		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address.

SIGNATURE: _____ 4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #