

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064946

1. Entity Name

SKY FLY UNIVERSAL, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90282 010 ***150.00

Principal Place of Business

Mailing Address

~~1840 WEST 49TH ST. STE 605~~

HIALEAH FL 33012

~~1840 WEST 49TH ST. STE 605~~

HIALEAH FL 33012-2950

2. Principal Place of Business

1840 WEST 49 STREET #404

Suite, Apt. #, etc.

3. Mailing Address

1840 WEST 49 STREET #404

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0917670

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZUNIGA, GUILLERMO

~~1840 WEST 49TH ST. STE 605~~

HIALEAH FL 33012

Name

Street Address (P.O. Box Number is Not Acceptable)

1840 WEST 49 STREET STE #404

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME ZUNIGA, GUILLERMO

STREET ADDRESS ~~1830 MERIDIAN AVE. #804~~

CITY-ST-ZIP ~~MIAMI BEACH FL 33139~~

TITLE ☐ Delete

NAME DE ZUNIGA, BEATRIZ S

STREET ADDRESS ~~1830 MERIDIAN AVE. #804~~

CITY-ST-ZIP ~~MIAMI BEACH FL 33139~~

TITLE ☒ Delete

NAME ~~SANTANA, JORGE A~~

STREET ADDRESS ~~1830 MERIDIAN AVE. APT 904~~

CITY-ST-ZIP ~~MIAMI BEACH FL 33139~~

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

1840 WEST 49 STREET - STE. #404

HIALEAH, FL. 33012

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

1840 WEST 49 STREET - STE. #404

HIALEAH, FL. 33012

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Guillermo Zuniga
PRESIDENT

Date

Daytime Phone #

CR2000 10/00