

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000081721**

1. Entity Name

SKY AND SEA CORP.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90116 006 ***150.00

Principal Place of Business

Mailing Address

820 OCEAN DR. #301
MIAMI BEACH, FL 33139

2. Principal Place of Business

3. Mailing Address

304 OCEAN DR.

304 OCEAN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#4

#4

City & State

City & State

MIAMI BEACH

MIAMI BEACH

Zip

Country

Zip

Country

33139

US

33139

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

65-0877619

Not Applicable

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

PAOLA ANTONUCCI
820 OCEAN DRIVE #301
MIAMI BEACH, FL 33139

Name

PAOLA ANTONUCCI

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

304 OCEAN DRIVE #4

City

MIAMI BEACH

FL

Zip Code

33139

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)

3/27/00

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 **PSD** ☐ Delete
NAME **ANTONUCCI, PAOLA**
STREET ADDRESS **304 OCEAN DR. #4**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ANTONUCCI, MAURO VP. D.**
STREET ADDRESS **304 OCEAN DR. #4**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ANTONUCCI, ALBERTO T.O.**
STREET ADDRESS **304 OCEAN DR. #4**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

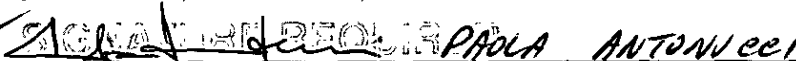
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/00

CR2E034 (9/99)