

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98060081721

1. Entity Name  
SKY AND SEA CORP.

FILED  
Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90081 027 \*\*\*150.00

Principal Place of Business  
304 OCEAN DR  
#4  
MIAMI BEACH FL 33139  
US

Mailing Address  
304 OCEAN DR  
#4  
MIAMI BEACH FL 33139  
US

2. Principal Place of Business  
349 MERIDIAN AVE  
Suite, Apt. #, etc.  
SUITE #1

3. Mailing Address  
349 MERIDIAN AVE  
Suite, Apt. #, etc.  
SUITE #1

City & State  
MIAMI BEACH FL

City & State  
MIAMI BEACH FL

Zip  
33139

Country  
MIAMI-DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0877619

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ANTONUCCI, PAOLA  
304 OCEAN DR  
#4  
MIAMI BEACH FL 33139

## 7. Name and Address of New Registered Agent

Name

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

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 \_\_\_\_\_ (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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ANTONUCCI, PAOLA 304 OCEAN DR #4 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANTONUCCI, MAURO A 304 OCEAN DR #4 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANTONUCCI, ALBERTO A 304 OCEAN DR #4 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ANTONUCCI PAOLA 349 MERIDIAN AVE #1 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUT. ANTONUCCI, MAURO A 349 MERIDIAN AVE #1 MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANTONUCCI ALBERTO A 349 MERIDIAN DR #4 MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/9/01  
Date

305-673-4349  
Daytime Phone #

CR2E034 (10/00)