

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031706

1. Entity Name

CLEAR SKY APARTMENTS, INC.

Principal Place of Business

7400 NW 41ST CT
LAUDERHILL FL 33319

Mailing Address

~~7400 NW 41ST CT~~
~~LAUDERHILL FL 33319~~

2. Principal Place of Business

3. Mailing Address

4839 NW 148 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SIB

City & State

City & State

DAVIE FL

Zip

Country

Zip

Country

33330

DAVIE

4. FEI Number

65-0912553

Applied For

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

ATASH, NISSIM
7400 NW 41ST CT
LAUDERHILL FL 33319

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ATASH, NISSIM
STREET ADDRESS 7400 NW 41ST COURT
CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Delete

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

TITLE T
NAME ATASH, ANAT
STREET ADDRESS 7400 NW 41ST COURT
CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ 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

Anat Atash

Date

Daytime Phone #

4-6-01 (954) 4345190

0504984

CR2E034 (10/00)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90059 003 ***150.00



DO NOT WRITE IN THIS SPACE