

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90190 037 ***150.00

DOCUMENT # P99000031706

1. Entity Name

CLEAR SKY APARTMENTS, INC.

Principal Place of Business

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

Mailing Address

4839 NW 148 AVENUE
518
DAVIE FL 33330

2. Principal Place of Business

5500 Hancock road

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

City & State

Zip

Country

33330

Broward

Zip

Country

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

ATASH, NISSIM
7400 NW 41ST CT
LAUDERHILL FL 33319

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

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, 2002 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **ATASH, NISSIM**
 CITY-ST-ZIP **7400 NW 41ST COURT 5500 Hancock road**
LAUDERHILL FL 33319 FT, LAUDERDALE, FL 33330

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **ATASH, ANAT**
 CITY-ST-ZIP **7400 NW 41ST COURT 5500 Hancock road**
LAUDERHILL FL 33319 FT, LAUDERDALE, FL 33330

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

ATASH, ANAT ATASH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 (954) 6803116

Date

Daytime Phone #

CR2E034 (9/01)