

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90212 028 ***150.00

DOCUMENT # P99000035282

1. Entity Name
**SKY PROPERTY MAINTENANCE AND INVESTMENT
COMPANY**



Principal Place of Business
1410 NW 70 STREET
MIAMI, FL 33147 US

Mailing Address
P.O. BOX 4705206
MIAMI, FL 33247 US

90136622



2. Principal Place of Business

3. Mailing Address
P.O. Box # 4705206

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami, FL

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number
65-0911311

Applied For
Not Applicable

Zip

Country

Zip

Country

33247 USA

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

**DEAN, ORANGEN R JR
1410 NW 70 STREET
MIAMI, FL 33147**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when dissolving)

DATE

**HIGH NOTARY FEE IS \$100.00
After May 1, 2003 Fee will be \$200.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ORANGEN, JR, DEAN R
1410 NW 70 STREET
MIAMI, FL 33147**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
**RS
DEAN, ARCHIE P
667 RED FOX PL
FAIRBURN, GA 30213**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Orangen Dean*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May-12-03

DATE

305-758-1770

DAYTIME PHONE #

CR2E034 (10/02)

Attachment #

90136622

Sky Property Maintenance & Investment Company

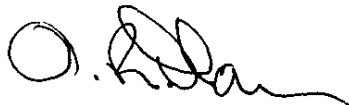
P99000035282

P.O. Box 470506
Miami, Florida 33127

(305) 758-1770(O)
(305) 758-4790(Fax)

To: State Of Florida Department Of State

Please be advised that I did not receive a refilling form. Therefore I downloaded off the internet. In the near future please send me a filing document ahead of time so we can prevent any delays on payments that are due.



Thank You In Advanced