FILED

## 2003 FOR PROFIT CORPORATION

## May 05, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** DOCUMENT # V52893 05-05-2003 90302 003 \*\*\*150.00 1. Entity Name BLUE SKY INSTITUTE, INC. Principal Place of Business Mailing Address 12000 BISCAYNE BLVD. 12000 BISCAYNE BLVD. STE. #205 STE #205 MIAM! FL 33181 MIAM! FL 3318! 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0353585 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAHN, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 1470 N.E. 101 ST. MIAMI SHORES FL 33138 City 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be ∼ After∰ay 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITI F Change Addition ☐ Delete NAME CHERRE, CYNTHIA H. NAME STREET ADDRESS STREET ADDRESS 1470 N.E. 101 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI SHORES FL ☐ Addition TITLE DP ☐ Delete TITLE Change NAME KAHN, STEPHEN NAME STREET ADDRESS STREET ADDRESS 1470 N.E. 101 ST. CITY-ST-ZIP CITY-ST-7IP MIAMI SHORES FL ☐ Change \_ ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 applicable of the corporation of th SIGNATURE:

SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #