

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

06-08-2001 90012 001 \*\*\*\*\*8.75  
 06-08-2001 90012 002 \*\*\*150.00

**DOCUMENT # 610294.**

1. Entity Name  
**SKYCAPS INTERNATIONAL, INC.**

Principal Place of Business <b>MIAMI INT'L AIRPT C-B. 3 FLR. #3019                  CONCOURSE B 4TH FLOOR                  MIAMI FL 33299-7925                  US</b>	Mailing Address <b>MIAMI INTERNATIONAL AIRPORT                  PO BOX 997925                  MIAMI FL 33299-7925                  US</b>
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**48336**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1907628</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required			

6. Name and Address of Current Registered Agent <b>WHITE, COLEMAN G                  20021 E OAKMONT DR                  MIAMI FL 33015</b>		7. Name and Address of New Registered Agent Name <b>WHITE, COLEMAN G.</b> Street Address (P.O. Box Number is Not Acceptable) <b>17800 N.W. 67AVE. APT A.</b> <b>17800 N.W. 67AVE APT A.</b> City <b>MIAMI</b> FL Zip Code <b>33015</b>	
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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.) (NOT: 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) <input checked="" type="checkbox"/>	<b>FILE NOW! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WHITE, COLEMAN G. SR. MIAMI INTL AIRPORT MIAMI FL <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Coleman G. White 1/29/01 305-364-9676  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)