

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90038 003 \*\*\*\*61.25

<b>DOCUMENT # 734569</b>			
1. Entity Name <b>PALM BEACH SKYHAWKS, INC.</b>			
Principal Place of Business P. O. BOX 20095 WEST PALM BEACH FL 33416-0095		Mailing Address P. O. BOX 20095 WEST PALM BEACH FL 33416-0095	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country: <input type="checkbox"/>	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>JACOBOWITZ, MARVIN</b> <b>4661 CATAMARAN CIRCLE</b> <b>BOYNTON BEACH FL 33436</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>D</b>	<b>BO</b> <input type="checkbox"/> Delete <b>JACOBOWITZ, MARVIN</b> <b>4661 CATAMARAN CIRCLE</b> <b>BOYNTON BEACH FL 33436</b>	TITLE <b>D</b>	<b>LEO WEISS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4661 CATAMARAN CIRCLE</b> <b>BOYNTON BEACH FL 33436</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>COHEN, GERALD</b> <b>6577 SUN RIVER RD</b> <b>BOYNTON BEACH FL 33437</b>	TITLE <b>D</b>	<b>ROBERT THOMPSON</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>239 COLUMBIA DR.</b> <b>LAKE WORTH FL 33461</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete <b>ZUBRICHNY, MIKE</b> <b>897 LAKE WELLINGTON DR.</b> <b>WELLINGTON FL 33414</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>TD</b> <input checked="" type="checkbox"/> Delete <b>CARVER, MELVIN A</b> <b>11246 BANNOCK AVENUE</b> <b>BOYNTON BEACH FL 33437</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: **MELVIN A CARVER** **JACOBOWITZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)