

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

02-04-2003 90098 013 ****61.25

2/4

DOCUMENT # 734569

1. Entity Name

PALM BEACH SKYHAWKS, INC.



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

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBOWITZ, MARVIN
4661 CATAMARAN CIRCLE
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name **SETH STERLING**

Street Address (P.O. Box Number is Not Acceptable)

5958 ROYAL CLUB DRIVE

City **BOYNTON BEACH, FL**

Zip Code **33437**

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

SETH STERLING - SEC.

1-16-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JACOBOWITZ, MARVIN	
STREET ADDRESS	4661 CATAMARAN CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEISS, LEO	
STREET ADDRESS	4651 CATHMARAH CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, ROBERT	
STREET ADDRESS	231 COLUMBIA DR.	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BREINES, RICHARD	
STREET ADDRESS	1724 DONNA ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SETH STERLING	
STREET ADDRESS	5958 ROYAL CLUB DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	D
TITLE	TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY SOLDANO	
STREET ADDRESS	3527 MILLBROOK WAY CIRC.	
CITY-ST-ZIP	GREENACRES, FL 33463	D
TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE ZUBRICKY	
STREET ADDRESS	897 LAKE WELLINGTON DR.	
CITY-ST-ZIP	WELLINGTON, FL 33414	D
TITLE	VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRWIN PERLMAN	
STREET ADDRESS	6052 SUNBERRY CIR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	D
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SETH STERLING**

1-16-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)