

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90111 027 ***150.00

DOCUMENT # P01000001365

1. Entity Name

SKYWAY OVERSEAS CORPORATION

Principal Place of Business

C/O DAVID J. HART, P.A.
100 N BISCAYNE BLVD SUITE 2600
MIAMI FL 33132

Mailing Address

C/O DAVID J. HART, P.A.
100 N BISCAYNE BLVD SUITE 2600
MIAMI FL 33132

2. Principal Place of Business

C/O DAVID J. HART, P.A.

3. Mailing Address

C/O DAVID J. HART, P.A.

Suite, Apt. #, etc.

21 SE 1 AVE 10TH FLOOR

Suite, Apt. #, etc.

21 SE 1 AVE 10TH FLOOR

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. Fee Number

65-1066771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HART, DAVID J

100 N BISCAYNE BLVD SUITE 2600

MIAMI FL 33132

7. Name and Address of New Registered Agent

Name

DAVID J. HART

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

21 SE 1 AVE

10TH FLOOR

City

MIAMI

FL

Zip Code

33131

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 reinstating)

DATE

David J. Hart

DAVID J. HART PA

4/24/02

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, MERCEDES	
STREET ADDRESS	100 N BISCAYNE BLVD SUITE 2600	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mercedes Cohen

4/20/02

305 577 1977

Date

Daytime Phone #

CR2E034 (9/01)