

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90988 016 \*\*\*150.00

DOCUMENT # **P02000060648**

1. Entity Name

**FLY BY NIGHT INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**FLORIDA**

3. Mailing Address

**2100 S.W. 81 AVE.**

Suite, Apt. #, etc.

**APT. 207**

Suite, Apt. #, etc.

**APT. 207**

City & State

**N. LAUDERDALE FL.**

4. FEI Number

**01-0706989**

Applied For

Not Applicable

Zip

Country

Zip

**33068**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**BEATRICE CAPUTO**

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

**2100 S.W. 81 AVE APT. 207**

City

**N. LAUDERDALE**

FL

Zip Code

**33068**

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

*Beatrice Caputo*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/2/03**

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR BEATRICE CAPUTO 33068 2100 SW. 81 AVE APT 207 N. LAUDERDALE FL</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT MARIA ALGARRA 33073 4710 LALO VISTA DR. COCONUT CREEK, FL</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address with all other like empowered.

SIGNATURE:

*Martha Algarra*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/03 (954) 984 8594**

DATE Daytime Phone #

CR2E034B (12/02)