

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90027 005 \*\*\*150.00

**DOCUMENT # P94000053666**

1. Entity Name

**SKYLINK-USA, INC.**

Principal Place of Business

Mailing Address

**21312 ST ANDREWS BLVD  
 STE 140  
 BOCA RATON FL 33433  
 US**

**21312 ST ANDREWS BLVD  
 STE 140  
 BOCA RATON FL 33433  
 US**

2. Principal Place of Business

**715 SE 8<sup>th</sup> Street**  
 Suite, Apt. #, etc.

3. Mailing Address

**715 SE 8<sup>th</sup> Street**  
 Suite, Apt. #, etc.

City & State

**Delray Beach FL**

City & State

**Delray Beach FL**

Zip  
**33483**

Country

Zip  
**33483**

Country

4. FEI Number

**65-0506502**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAHON, TIMOTHY K  
 2929 E. COMMERCIAL BLVD.  
 PENTHOUSE E  
 FT. LAUDERDALE FL 33308**

Name **Herman Moskowitz CPA**  
 Street Address (P.O. Box Number is Not Acceptable) **3850 Hollywood Blvd**  
 Suite **304**  
 City **Hollywood** FL Zip Code **33021**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **MACEY, REBECCA**  
 STREET ADDRESS **715 SE 8<sup>th</sup> Street**  
 CITY-ST-ZIP **21312 ST ANDREWS BLVD, SUITE 140 BOCA RATON FL 33433 Delray Beach FL 33483**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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

**REBECCA MACEY**

**2/20/01**

**561-279-9858**

CR2E034 (1/0/00)