

2000 UNIFORM BUSINESS REPORT (UBR)

56

DOCUMENT # P98000053852

1. Entity Name

SKY'S FLIGHT SCHOOL INC.

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

05-04-2000 90156 003 ***150.00

Principal Place of Business

Mailing Address

66 LANGLEY ROAD BLDG. 66
 OPA LOCKA AIRPORT
 OPA LOCKA FL 33129

66 LANGLEY ROAD BLDG. 66
 OPA LOCKA AIRPORT
 OPA LOCKA FL 33129

2. Principal Place of Business

3. Mailing Address

14885 NW 144th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OPA Locka FL.

Zip
 33.054

Country
 Dade

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARATYK, SCHUYLER
 1541 BRICKELL AVE. #409
 MIAMI FL 33129

Name

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

City

FL

Zip Code

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 reissuing)

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, 2000 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 SCHUYLER, HARATYK
 1541 BRICKELL AVENUE #409
 MIAMI FL 33129

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Ralph Bicketson **Ralph Bicketson** (4/28/00) 305 688-2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Skinner 305-688-2550

CR2E034 (9/99)