

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060305

1. Entity Name

FAIRLINE NAVIGATOR, INC.

Principal Place of Business

Mailing Address

12635 NORTHWEST 14TH STREET  
CORAL SPRINGS FL 33071

12635 NORTHWEST 14TH STREET  
CORAL SPRINGS FL 33071-5441

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

65-0853840

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

KAHN, DONALD J.  
317 71ST STREET  
MIAMI BEACH FL 33141

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 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, 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

TITLE ☐ Delete

NAME  
VP  
MARDER, ALEX  
STREET ADDRESS  
939 CENTRAL AVENUE  
CITY-ST-ZIP  
HIGHLAND PARK IL 60035

TITLE ☐ Delete

NAME  
VD  
YAMPOLSKY, MICHAEL  
STREET ADDRESS  
12635 NORTHWEST 14TH STREET  
CITY-ST-ZIP  
MIAMI BEACH FL 33071

TITLE ☐ Delete

NAME  
S  
POKRASS, BORIS  
STREET ADDRESS  
260 EAST CHESTNUT STREET #3805  
CITY-ST-ZIP  
CHICAGO IL 60611

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 31, 2000 8:00 am  
Secretary of State

01-31-2000 90018 016 \*\*\*150.00

911435



DO NOT WRITE IN THIS SPACE