

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000104762

1. Corporation Name

SKYBIRD BUSINESS & HOLIDAYS, INC.

Principal Place of Business

407 LINCOLN RD., STE. 6A
MIAMI BEACH FL 33139

Mailing Address

407 LINCOLN RD., STE. 6A
MIAMI BEACH FL 33139

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90016 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1998

4. FEI Number

65-0881612

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 2801 FLORIDA AVENUE

Suite, Apt. #, etc.

22 SUITE 15

City & State

23 COCONUT GROVE

Zip Country

24 33133 25 DADE

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD., STE. 4874
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

FRANCESCO FACILLA

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

2801 FLORIDA AVENUE, SUITE 15

83

84 City

COCONUT GROVE

FL

85 Zip Code

33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Francesco Facilla

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

(NOTE: Registered Agent signature required when reinstating)

2-19-99

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

D

NAME

MARRA, MAURIZIO

STREET ADDRESS

407 LINCOLN RD., STE. 6A

CITY-ST-ZIP

MIAMI BEACH FL 33139

TITLE

D

NAME

FACILLA, FRANCESCO

STREET ADDRESS

407 LINCOLN RD., STE. 6A

CITY-ST-ZIP

MIAMI BEACH FL 33139

TITLE

D

NAME

FACILLA, FRANCESCO

STREET ADDRESS

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CITY-ST-ZIP

MIAMI BEACH FL 33139

TITLE

D

NAME

FACILLA, FRANCESCO

STREET ADDRESS

407 LINCOLN RD., STE. 6A

CITY-ST-ZIP

MIAMI BEACH FL 33139

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FRANCESCO FACILLA REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-99

Date

(800) 446-5535

Daytime Phone #

CR2E034 (11/98)