

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074613

1. Entity Name
SKYLINK JETS, INC.

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90084 041 ***400.00
01-18-2000 90086 036 ***150.00

Principal Place of Business
5601 NW 15 AVENUE
FORT LAUDERDALE FL 33309

Mailing Address
5601 NW 15 AVENUE
FORT LAUDERDALE FL 33309

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-1024719**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, WILLIAM J ESQ
777 BRICKELL AVENUE SUITE 1114
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	President	<input type="checkbox"/> Delete
NAME	FRANS, CARLOS	
STREET ADDRESS	5601 NW 15 AVE	
CITY-ST-ZIP	Ft Lauderdale, FL 33309	
TITLE	Vice-president	<input type="checkbox"/> Delete
NAME	SUR, RAFAEL	
STREET ADDRESS	5601 NW 15 AVE	
CITY-ST-ZIP	Ft Lauderdale, FL 33309	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	SUR, MONICA	
STREET ADDRESS	5601 NW 15 AVE	
CITY-ST-ZIP	Ft Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: RAFAEL SUR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 08.04.00 Daytime Phone #: 954-357-2003

CR2E034 (5/00)