

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90069 017 \*\*\*150.00

**DOCUMENT # P99000074613**

**1. Entity Name**  
**SKYLINK JETS, INC.**

**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**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**  
**65-1024719**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**OBERHOLTZER, RONALD L**  
**5601 NW 15 AVENUE**  
**FORT LAUDERDALE FL 33309**

## 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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	OBERHOLTZER, RONALD L	
STREET ADDRESS	5601 NW 15 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZUR, RAFAEL	
STREET ADDRESS	5601 NW 15 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	S	<input type="checkbox"/> Delete
NAME	HENDRICKSON, HARRY	
STREET ADDRESS	5601 NW 15 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROGOWSKI, IZHAK	
STREET ADDRESS	5601 NW 15 AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FRIAS, CHARLIE	
STREET ADDRESS	5601 NW 15 AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete

## 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
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:** *Signature Required Zur* *01/25/02* *954 3512003*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)