3/19/01
* 8/15/

FILED
Aug 31, 2001 8:00 am
Secretary of State
03-19-2001 90477 035 ***150.00
08-15-2001 90007 014 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075509

1. Entity Name
SKYLINK TRAVEL, INC.

Principal Place of Business	Mailing Address
2303 PONCE DE LEON BLVD CORAL GABLES FL 33134	2303 PONCE DE LEON BLVD CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

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 65-094-4257 ☐ 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
BABRA, SURJIT 2303 PONCE DELEON BLVD. CORAL GABLES FL 33134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 12, 2001 Fee 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BABRA, SURJIT 2303 PONCE DELEON BLVD. CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GENERAL MANAGER FERNANDO VIRGOLINO 2303, PONCE DELEON BLVD CORAL GABLES FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SALES MANAGER Sohail khan 2303, PONCE DELEON BLVD CORAL GABLES FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ACCOUNTS MANAGER RAJESH PATEL 2303, PONCE DELEON BLVD CORAL GABLES FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/01)

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: Rajesh Patel RAJESH PATEL 7/19/01 305-569-1679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 1 | 11773 | #P9900073389

08/30/1999 13:12 9087696585 SKYLINK NYC PANDYA KAPADIA ASSOC PAGE 02

Form **SS-4** (Rev. February 1998)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN 65-0944257

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
SKYLINK TRAVEL INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
2303 PONCE DE LEON BLVD.

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
CORAL GABLES, FL 33134

5b City, state, and ZIP code

6 County and state where principal business is located

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ 075-66-9908
SURJIT BABRA

8a Type of entity (Check only one box.) (see instructions)
Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

- ☐ Sole proprietor (SSN)
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☐ Other (specify) ▶
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Federal government/military
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☒ Other corporation (specify) ▶ GENERAL
- ☐ Trust
- (enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FL — Foreign country:

9 Reason for applying (Check only one box.) (see instructions)
- ☒ Started new business (specify type) ▶
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
8/24/99

11 Closing month of accounting year (see instructions)
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶ 09/01/99

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)* ▶

Nonagricultural	Agricultural	Household
3		

14 Principal activity (see instructions) ▶ TRAVEL AGENCY

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.
- ☒ Public (retail)
- ☐ Business (wholesale)
- ☐ Other (specify) ▶
- ☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code): 305-569-1679
Fax telephone number (include area code):

Name and title (Please type or print clearly.) ▶ SURJIT BABRA - PRESIDENT

Signature ▶ X [signature] Date ▶ 30 Aug 99.

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

Attachment 11773

SkyLink TRAVEL

MEMBER ASTA American Society of Travel Agents — International Airlines Travel Agent Network

265 Madison Avenue, 4th floor, New York, NY 10016
Management: (212) 856-9681 • 856-9694 Fax:(212) 681-9834
Reservations: (212) 573-8980 • 599-0430 Fax:(212) 573-8878

August 24, 2001

Florida Department of State
DIVISION OF CORPORATIONS
PO BOX 1500
Tallahasee, Florida 32302-1500

Reference Number: P99000075509

Dear Sir or Madam:

In connection with your letter dated August 17, 2001, copy attached for your reference, please find corrections on the annual report/uniform business report. **We have filled the proper box for our EIN and also enclosed a copy of our EIN application filed last August 1999 for your reference.**

We hope you find everything in order and would appreciate your processing our application for the annual report/uniform business report.

Sincerely yours,

Rajesh Patel

Rajesh Patel
Accounts Manager

Encl: as stated