# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/22/

**FILED**
**Feb 21, 2003 8:00 am**
**Secretary of State**
01-22-2003 90163 020 ***150.00

DOCUMENT # P99000075509

1. Entity Name
SKYLINK TRAVEL, INC.

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

Mailing Address
2303 PONCE DE LEON BLVD
CORAL GABLES FL 33134

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0944257 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
BABRA, SURJIT
2303 PONCE DELEON BLVD.
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name: SEHMI, DALJIT.
Street Address (P.O. Box Number is Not Acceptable): 2303 PONCE DELEON BLVD.
City: CORAL GABLES MD Zip Code: 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: RAJESH PATEL - ACCOUNTS MANAGER 1/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2003 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|---|---|---|---|---|
| P | BABRA, SURJIT | 2303 PONCE DELEON BLVD. | CORAL GABLES FL 33134 | XX |
| GM | VIRGOLIMO, FERNANDO | 2303 PONCE DELEON BLVD | CORAL GABLES FL 33134 | ☐ |
| SM | KHAN, SOHAIL | 2303 PONCE DELEON BLVD | CORAL GABLES FL 33134 | ☐ |
| AM | PATEL, RAJESM | 2303 PONCE DELEON BLVD | CORAL GABLES FL 33134 | ☐ |
| | | | | ☐ |
| | | | | ☐ |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|---|---|---|---|---|---|
| President | SEHMI, DALJIT | 2303 PONCE DELEON BLVD. | ~~CORAL GABLES, FL 33134~~ | XX | ☒ |
| | | | | ☐ | ☐ |
| | | | | ☐ | ☐ |
| | | | | ☐ | ☐ |
| | | | | ☐ | ☐ |
| | | | | ☐ | ☐ |

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 1.15.03 212-573-8980
RAJESH PATEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Ext. 3019

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment

S5009852

DOCUMENT # P99000075509

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

Mailing Address
2303 PONCE DE LEON BLVD
CORAL GABLES FL 33134

[redacted]

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

☑ CHECK HERE IF MAKING CHANGES

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2303 PONCE DELEON BLVD.
CORAL GABLES FL 33134

**7. Name and Address of New Registered Agent**

Name SEHMI, DALJIT

Street Address (P.O. Box Number is Not Acceptable) 2303 PONCE DELEON BLVD.

City CORAL GABLES, FL MD Zip Code 33134

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. I am familiar with, and accept the obligations of registered agent. Rajesh Patel

SIGNATURE RAJESH PATEL - ACCOUNTS MANAGER 1/15/03

Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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**10. OFFICERS AND DIRECTORS**

| | |
|---|---|
| TITLE | P ☒ Delete |
| NAME | BABRA, SURJIT |
| STREET ADDRESS | 2303 PONCE DELEON BLVD. |
| CITY-ST-ZIP | CORAL GABLES FL 33134 |
| TITLE | GM ☐ Delete |
| NAME | VIRGOLIMO, FERNANDO |
| STREET ADDRESS | 2303 PONCE DELEON BLVD |
| CITY-ST-ZIP | CORAL GABLES FL 33134 |
| TITLE | SM ☐ Delete |
| NAME | KHAN, SOHAIL |
| STREET ADDRESS | 2303 PONCE DELEON BLVD |
| CITY-ST-ZIP | CORAL GABLES FL 33134 |
| TITLE | AM ☐ Delete |
| NAME | PATEL, RAJESM |
| STREET ADDRESS | 2303 PONCE DELEON BLVD |
| CITY-ST-ZIP | CORAL GABLES FL 33134 |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| | |
|---|---|
| TITLE | President ☒ Change ☒ Addition |
| NAME | SEHMI, DALJIT |
| STREET ADDRESS | 2303 PONCE DELEON BLVD. |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
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**SIGNATURE:** Rajesh Patel RAJESH PATEL 1.15.03 212-573-8980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #