

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Feb 21, 2003 8:00 am
Secretary of State

1/22

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**



CHECK HERE IF MAKING CHANGES

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

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

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

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	P BABRA, SURJIT 2303 PONCE DELEON BLVD. CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM VIRGOLIMO, FERNANDO 2303 PONCE DELEON BLVD CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM KHAN, SOHAIL 2303 PONCE DELEON BLVD CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AM PATEL, RAJESM 2303 PONCE DELEON BLVD CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President SEHMI, DALJIT 2303 PONCE DELEON BLVD. CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rajesh Patel*
RAJESH PATEL **REQUIRED** Date **1-15-03** Daytime Phone **212-573-8980** Ext. **3019**


CR2E034 (1/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment
55009852

DOCUMENT # P99000075509

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CORAL GABLES FL 33134**

Mailing Address
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Suite, Apt. #, etc.

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City & State

City & State

Zip Country Zip Country



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CORAL GABLES FL 33134**

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Name **SEHMI, DALJIT**
Street Address (P.O. Box Number is Not Acceptable) **2303 PONCE DELEON BLVD.**
City **CORAL GABLES, FL** Zip Florida **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 *Rajesh Patel*.

SIGNATURE **RAJESH PATEL - ACCOUNTS MANAGER** DATE **1/15/03**

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

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TITLE P	BABRA, SURJIT <input checked="" type="checkbox"/> Delete	TITLE President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SEHMI, DALJIT
NAME	BABRA, SURJIT	NAME	SEHMI, DALJIT
STREET ADDRESS	2303 PONCE DELEON BLVD.	STREET ADDRESS	2303 PONCE DELEON BLVD.
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	GM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRGOLIMO, FERNANDO	NAME	
STREET ADDRESS	2303 PONCE DELEON BLVD	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	SM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHAN, SOHAIL	NAME	
STREET ADDRESS	2303 PONCE DELEON BLVD	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	AM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, RAJESM	NAME	
STREET ADDRESS	2303 PONCE DELEON BLVD	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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SIGNATURE: *Rajesh Patel* **RAJESH PATEL -** DATE **1.15.03** **212-573-8980**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR