

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S41004

1. Entity Name
SKYLINE TOURS, INC.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90370 043 ***158.75

0198431

Principal Place of Business
17070 COLLINS AVE
267
MIAMI BEACH FL 33160

Mailing Address
17070 COLLINS AVE
267
MIAMI BEACH FL 33160

769408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
177 Sunny Isles Blvd.
Suite, Apt. #, etc.

3. Mailing Address
177 Sunny Isles Blvd.
Suite, Apt. #, etc.

City & State
Zip
Country

4. FEI Number 65-0252506
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CORNELISSE, MONIQUE
17070 COLLINS AVE
267
MIAMI BCH FL 33160
177 Sunny Isles Blvd.

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 _____ 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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PSD CORNELISSE, MONIQUE 17070 COLLINS AVE 267 MIAMI BEACH FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	177 Sunny Isles Blvd. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CORNELISSE, FRANK 17070 COLLINS AVE 267 MIAMI BEACH FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	177 Sunny Isles Blvd. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Frank Cornelisse 05/01/01 1305/940-8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/00)