

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S56868
Entity Name
SKY MASTER TRAVEL, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90102 013 ***150.00

Principal Place of Business
S DIXIE HWY
FL 33156

Mailing Address
9100 S DIXIE HWY
408
MIAMI FL 33156-2908
US

619480



DO NOT WRITE IN THIS SPACE

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

Country

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

Country

4. FEI Number 65-0268915
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FISHER, MARSHALL E.
9655 SOUTH DIXIE HIGHWAY
SUITE 300
MIAMI FL 33156

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	P BASNA, BASSAM 85-86 S.W. 115 PL. MIAMI FL 33173	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: BASNA, BASSAM SECRETARY BASNA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-00 305-670-0032
Date Daytime Phone #

CR2E034 (9/99)