

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 FEB -4 PM 2: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000007043**

1. Entity Name
AIRPORT TRADE CENTER, LLC

Principal Place of Business
220 71ST STREET, STE 209
MIAMI BEACH FL 33141

Mailing Address
220 71ST STREET, STE 209
MIAMI BEACH FL 33141-3215



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0957120

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

YEHEZKEL, HAIM
220 71ST STREET, STE 209
MIAMI BEACH FL 33141

Haim Yehzekel

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE Delete
NAME **HAIM YEHEZKEL - M&A**
STREET ADDRESS **220 71 Street #209**
CITY- ST- ZIP **Miami Beach, FL 33141**

TITLE Delete
NAME **Joseph Cohen - M&A**
STREET ADDRESS **220 71 Street #209**
CITY- ST- ZIP **Miami Beach, FL 33141**

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Change Addition
NAME **800003128698-4**
STREET ADDRESS **-02/08/00--01137--027**
CITY- ST- ZIP *******50.00 *****50.00**

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-20-00

Date

(305) 864-8888

Daytime Phone #