

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90052 042 ****50.00

DOCUMENT # L99000007043

1. Entity Name
AIRPORT TRADE CENTER, LLC

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

909108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
210-71 Street **210-71 Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
309 **# 309**
 City & State City & State
Miami Beach, FL **Miami Beach, FL**

4. FEI Number Applied For
65-0957120 Not Applicable

Zip Country Zip Country
33141 **USA** **33141** **USA**

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

7. Name and Address of New Registered Agent
 Name **JOEL S. PIOTROWSKI**
 Street Address (P.O. Box Number is Not Acceptable)
317-71 Street
 City **Miami Beach** FL Zip Code **33141**

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 **Haim Yehzekel** - Haim Yehzekel DATE **1/11/02**
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating).

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YEHEZKEL HAIM 220 71ST STREET, STE 209 MIAMI BEACH FL 33141 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, JOSEPH 220 71ST STREET, STE 209 MIAMI BEACH FL 33141 <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YEHEZKEL HAIM 210-71 Street # 309 Miami Beach, FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, JOSEPH 210-71 Street # 309 Miami Beach, FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Haim Yehzekel** DATE: **1/11/02** DAYTIME PHONE #: **(305) 864-8885**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)