2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 26, 2003 8:00 am Secretary of State

SPECIAL STREET ADDRESS   STREET ADDRES	1. Entity Na	JMENT # P000000 B AIRPORT AL, INC.	052430		01-23-2003 90132 021 ***150.00
Sulfis April City & State  Country  S. Certificate of Status Desired  S. Reference of States  Sate Additionals (P.O. Box Number is Not Acceptable)  S. States Additionals (P.O. Box Number is Not Acceptable)  S. States Additionals (P.O. Box Number is Not Acceptable)  City  FL. Zip Code  City  FL. Zip Code  City  FL. Zip Code  S. Reference of States of Foods. I sum territire with, and acceptable of Foods. I sum territire with, and acceptable to Foods.	3010 SPANIS	SH TRL 3	010 SPANISH TRL		E INTERNALI FALL ANNEL ACTUAL DELLA
City & State  Country  S. Certificate of Status Desired  S. Remained City & Status Desired  S. Remained City & Status Desired  S. Remained City & Status Desired  S. Name and Address of Current Registered Agent  Street Address of Now Registered Agent  Street Address of Now Registered Agent  Street Address of Now Registered Agent  Street Address of P.O. Box Number is Not Acceptable)  Street Address of P.O. Box Number is Not Acceptable)  Street Address of P.O. Box Number is Not Acceptable)  Street Address of P.O. Box Number is Not Acceptable)  Street Address of P.O. Box Number is Not Acceptable)  Street Address of P.O. Box Number is Not Acceptable)  Street Address of P.O. Box Number is Not Acceptable)  Street Address of P.O. Box Number is Not Acceptable)  Street Address of P.O. Box Number is Not Acceptable)  Street Address of P.O. Box Number is Not Acceptable)  Street Address of P.O. Box Number is Not Acceptable)  Street Address of P.O. Box Number is Not Acceptable)  Street Address of P.O. Box Number is Not Acceptable)  Street Address of P.O. Box Number is Not Acceptable)  Street Address of P.O. Box Number is Not Acceptable)  Street Address of P.O. Box Number is Not Acceptable)  Street Address of P.O. Box Number is Not Acceptable of Final Agent is Acceptable of P.O. Box Number is Not Acceptable of State is Not Acceptable of P.O. Box Number is Not Acceptab	2. Principal	Place of Business 3.	Mailing Address		
City & State    City & State   City & State   City & State   A. FEI Number 65-1011660   Not Applied For Not Ap	Suite, Apt. #, etc.		Suite, Apt. #. etc.		
Zip Country Zip Country S. Certificate of Status Desired S. Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required  SPECEL & UTREPA, P.A.  343 ALMERIA AVENUE CORAL GABLES FL 33134  City FL Zip Code  6. 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 acceptable by the obligations of pregistered agent.  SIGNATURE  FILE NOWILL FEE IS \$150.00  Make Chack Payable to Florida Department of State  10. OFFICEIS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TIME MAKE SIRET ADRESS ON STATE DELAY BACK IT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TIME MAKE SIRET ADRESS ON STATE DELAY BACK IT 33483  TIME MAKE SIRET ADRESS ON STATE DELAY BACK IT 33483  TIME MAKE SIRET ADRESS ON STATE DELAY BACK IT 33483  TIME MAKE MAKE SIRET ADRESS ON STATE DELAY BACK IT 33483  TIME MAKE MAKE SIRET ADRESS ON STATE BACK IT 33483  TIME MAKE MAKE SIRET ADRESS ON STATE ADRESS ON STATE BACK IT 33483  TIME MAKE MAKE SIRET ADRESS ON STATE ADRESS ON STATE ADRESS ON STATE ADRESS ON STATE BACK IT 34500 BACK IT 34	City & Sta	ate	City & State		4. FEI Number 65-1011660 Applied For
SPIEGEL & UTRERA PA  343 ALMERIA AVENUE CORAL GABLES FL 33134  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. I am familiar with, and acceptable or the obligations of registered agent.  SIGNATURE  FIL E-NOMITIL FEE IS. S150 0B  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE MAKE GRESH ADDRESS GITY-S1-2P  THE MAKE SIRET	Zip		·	Country	5. Certificate of Status Desired S8.75 Additional
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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. I am familiar with, and acce the obligations of projected agent.  SIGNATURE  Signature Sopreme head or private accept should be a sept and that is a speciable  (NOTE Registered Agent syntaur mounted when remarked)  DATE  FILE-INDMITE FE IS STROUGH.  After May 1, 2003 Few Will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11  TITLE  MAKE  SITERT ADDRESS  CITY-ST-2P  DELRAY BEACH FL 33483  DITTS-DP  TITLE  MAKE  Delete  TITLE  MAKE  Delete  TITLE  MAKE  SITERT ADDRESS  CITY-ST-2P  TITLE  MAKE  SITERT	SPIEGE	RITTREPA PA		Name	i <del>e</del>
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accelerate office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate office or registered agent, or both	343 ALME	eria avenue		·Street A	at Address (P.O. Box Number is Not Acceptable)
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 Fiorida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	ب ماران	ADELOTE GOTON		City	Zip Code
Signature in the part or private in narrow of signature and that is expected by the private in narrow of the international private	8. The above the obliga	e named entity submits this statement for the p tions of registered agent.	urpose of changing its re	agistered office or	e or registered agent, or both, in the State of Florida. I am familiar with, and accept
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2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Forda Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 907. Florida Statutes and that I am an officer or director		rtify that the information supplied with this filing	g does not qualify for the		ated in Section 119 07(3W) Fordia Statutes 1 (without and the statutes of the

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