2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State
02-20-2000 90009 018 ***158.75

DOCUMENT# V28655

1. Entity Name

FLL AIRPORT DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
618 SW 34TH ST FORT LAUDERDALE FL 33301 US	5 PELICAN DRIVE FT. LAUDERDALE FL 33315-1074 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
615 SW 7th Ave	615 SW 7th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale FL	City & State: Ft. Lauderdale FL
Zip: 33315-1074 Country: USA	Zip: 33315-1074 Country: USA

4. FEI Number 65-0332927 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
R.R. BEASON, JR. 5 PELICAN DRIVE SUITE 601 FT. LAUDERDALE FL 33301	Name Street Address (P.O. Box Number is Not Acceptable): 615 SW 7th Ave City: Ft. Lauderdale FL Zip Code: 33315-1074

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

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, 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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT BEASON, R. R. J 5 PELICAN DRIVE FT. LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 615 SW 7th AVE Ft. Lauderdale FL 33315	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMONS, JOSEPH A III 4510 OAKLEY'S LANE RICHMOND VA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPA BAHOOSH, BARBARA A ROUTE 611 NA MERRY POINT VA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 615 S.W. 7th Ave. Ft. Lauderdale FL 33315	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMITH, LYNN 500 PLUM STREET SYRACUSE NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 555 E Genesee St Syracuse NY 13202	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (9/99)

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: Barbara Bahoosh 2-2-00 954-763-6334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #