

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758136

1. Entity Name

AIRPORT INDUSTRIAL CENTER CONDOMINIUM WAREHOUSE,

Principal Place of Business

7987 NW 33RD STREET
MIAMI FL 33122-1001

Mailing Address

TPS MANAGEMENT
P.O. BOX 661554
MIAMI SPRINGS FL 33266-1554

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2163382

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

MOSS, DAVID M
C/O WORLD OFFICE PRODUCTS
6073 NW 167TH ST, C - 5
MIAMI FL 33015

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
MOSS, DAVID M
6073 NW 167TH ST C - 5
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
CONNORS, ROBERT M
6073 NW 167TH ST C-5
MIAMI FL

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
MONZON, JUAN CARLOS
3290 NW 79 AVE
MIAMI FL

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STREET ADDRESS
CITY-ST-ZIP

D
LOPEZ, JORGE
7985 NW 33RD ST
MIAMI FL

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-01-01 305-593-2295

Date

Daytime Phone #

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90011 007 ****61.25

00045544



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)