

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90252 017 ***150.00

DOCUMENT # 261324

1. Entity Name

AIRPORTEL INC

Principal Place of Business

**C/O C T CORP. SYSTEM
 8751 W. BROWARD BLVD.
 PLANTATION FL 33324**

Mailing Address

**360 N. LA CIENEGA BLVD.
 8751 W. BROWARD BLVD.
 LOS ANGELES CA 90048
 US**

00000463



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1001929**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	ALPERT, DAVID A	
STREET ADDRESS	360 N. LA CIENEGA BLVD	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BLOCH, RICHARD L	
STREET ADDRESS	123 E. MARCY ST. #205	
CITY-ST-ZIP	SANTA FE NM	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FOSSUM, JOHN C	
STREET ADDRESS	840 NEWPORT CENTER DRIVE, SUITE 500	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MARKOFF, ALBERT	
STREET ADDRESS	360 N. LA CIENEGA BLVD	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 (210) 289-3500