## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **756425**

1. Entity Name

## TAMIAMI AIRPORT WAREHOUSES CONDOMINIUM ASSOCIATI



**FILED** Feb 27, 2003 8:00 am Secretary of State
02-27-2003 90179 003 \*\*\*\*70.00

TITLE	UN, INC.				11. T.					
Sille, Apt. #, etc.  City & State  City & FL Zip Code  Street Address of New Pegitatered Agent  The above named entry submits this statement for the purpose of changing its registered or linear registered agent, or both, in the State of Pordia. I am familiar with and accept the obligations of registered agent, or both, in the State of Pordia. I am familiar with and accept the obligations of registered agent.  City FL Zip Code  Street Address (P.O. Rox Number's Not Acceptable)  Signature  City FL Zip Code  Street Address of New Pegitatered Agent  City FL Zip Code  City FL Zip Code  Street Address of New Pegitatered Agent  Name  City FL Zip Code  City FL Zip Cod	13901 SW 140	STREET	13901 SW 140 STREET	1						
City & State  Name  Sinesi Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Sinesi Address (P.O. Rox Number is Not Acceptable)  Sinesi Acceptable  Sinesi Address (P.O. Rox Number is Not Acceptable)  Sinesi Address (P.O. Rox Number is Not Acceptable)  Sinesi Address (P.O. Rox Number is Not Acceptable)  Sinesi Address (P.O. Rox N	2. Principal f	Place of Business	3. Mailing Address							
City & State  Country  S. Certificate of Status Desired  S. Certificate of Status Desired  S. St. 75 Additional  Figs Recognition  For None and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Addres	Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IS MAKING CHANGES			
Zip Country Zip Country 5. Conflication of Status Desired 19 Se. 75 Acetional Fee Fee Feeders 2. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name Address 7. Name							·	IG CHANGES	1	
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SIMS, LINDA C 13901 SW 140 STREET MIAMI FL 33188  SIGNATURE  LINDA C 13901 SW 140 STREET MIAMI FL 33188  City  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 Poride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Poride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Poride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Poride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Poride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Poride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Poride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Poride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Poride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Poride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Poride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Poride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Poride. I am familiar with, and accept the obligations of registered agent.  In additional policy of the State of Poride. I am familiar with, and accept the obligations of registered agent.  In additional policy of the State of Poride. I am familiar with, and accept the obligations of registered agent.  In additional policy of the State of Poride. I am familiar with, and accept the obligations of registered agent.  In additional policy of the State of Poride. I am familiar with, and accept the obligations of registered agent.  In additional policy of t	Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired 💆	<b>\$8.75</b> Ad	ditional	
SMS, LINDA C 13901 SW 140 STREET MIAMI FL 33186  City FL Zp Code  8. The above named entity submits this statement for the purpose of changing As registered office or registered agent, or both, in the State of Portida. I am hamiliar with, and accept the obligations of registered agent.  SIGNATURE  LIND DA C. SLAMS, SECLETARY TRANSPER CONT.  SIGNATURE  FILE NOW: FEE IS \$61.25  S. Election Campaign Financing Trust Fund Contribution.  DOTE  THE MAKE Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  THE MAKE STEINBRING, STEVE  SIREET AUGUSS  SIREET AUGUSS  SIREET AUGUSS  SIREET AUGUSS  SIREET AUGUSS  SIREET AUGUSS  CITY ST-2P  MAMA FL 33186  DONNELLY, DAVE  SIREET AUGUSS  SIREET AUGUSS  CITY ST-2P  MAMA FL 33186  DONNELLY, DAVE  SIREET AUGUSS  SIREET AUGUSS  SIREET AUGUSS  SIREET AUGUSS  CITY ST-2P  MAMA FL 33186  DONNELLY, DAVE  SIREET AUGUSS		6. Name and Address of Current	Registered Agent			7. Name and Add:	ess of New Registered			
13901 SW 140 STREET MIAMI FL 33186  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Froida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE LIND A SECRETARY TRANSPERS FOR Payable to Provide or prime name of replaced agent and the Payable of Provide or prime name of replaced agent.  FILE NOW: FEE IS \$61.25  S. Election Compalign Financing Trust Fund Committed in Mark  THE NAME  STEINBRING, STEVE  STERF ADDRESS  CITY-ST-ZIP  MAMAM FL 33186  CITY-ST-ZIP  CITY-ST-ZIP  MAMAM		_		Name					•	
MIAMI F. 33186  City FL Zip Code  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 accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida agent, are familiar with, and accept the celligations of registered agent, or both, in the State of Florida agent, are familiar with, and accept the celligations of registered agent, or both, in the State of Florida agent, are familiar with, and accept the celligation of Florida agent the registered agent accept the part of Florida agent the registered agent accept the part of Florida agent the registered agent accept				Street A	Street 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 Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  LINDA C. SLAS. SECTION 178 PASSIVE Signature, hybrid or primed name of impatered agent and test if applicable.  NOTE: Registered Agent symmetry incurred when entitly incurred when enti	MIAMI FI	_ 33186								
SIGNATURE LINDA CLARS SECTION   TRANSPORT INCIDENCE   STATE   SECTION   TRUE   SECTION   TR				City			F	Zip Cod	le	
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	12. I hereby d		this filing does not qualify for	the exemption stat	ed in Se	ction 119.07(3)(i), Fio	ida Statutes. I further ce	ertify that the in	nformation	

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 addipss with all other like empowered.

7-3-2003

305-251-4498