

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

01-27-2003 90381 020 ****61.25

DOCUMENT # N01000001662

1. Entity Name

MIAMI AIR CARGO ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 522951
MIAMI FL 33152

Mailing Address

P.O. BOX 522951
MIAMI FL 33152

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2395789**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUINTER, PETER
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Keep Same Agent)
Britannia Inc Gutierrez

(NOTE: Registered Agent signature required when reinstating)

1/19/03
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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	QUINTER, PETER	
STREET ADDRESS	3111 STIRLING ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUTIERREZ, B. INES	
STREET ADDRESS	6025 NW 18 ST, #602	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	OJEDA, ROLANDO J	
STREET ADDRESS	5731 NW 37 ST, STE 504	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCIARROTTA, JOSEPH	
STREET ADDRESS	5731 NW 37 ST, STE 504	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, CIRA	
STREET ADDRESS	10341 SW 18 ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHMIDT, CAROLYN	
STREET ADDRESS	6025 NW 18 ST, #602	
CITY-ST-ZIP	MIAMI FL 33126	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, B. INES	
STREET ADDRESS	P.O. BOX 522951	
CITY-ST-ZIP	MIAMI FL 33152	
TITLE	1ST VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES OWENS	
STREET ADDRESS	3445 NW 46 ST	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2ND VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA CHAVEZ	
STREET ADDRESS	1850 NW 60 AVE #219	
CITY-ST-ZIP	MIAMI FL 33122	

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:

Britannia Inc Gutierrez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)