


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

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

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

**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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

4. FEI Number **59-2395789**  
 Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

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: *Patricia Ines Gutierrez* (Keep same Agent)  
 (NOTE: Registered Agent signature required when reinstating)  
 DATE: **1/19/03**

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>QUINTER, PETER</b>	
STREET ADDRESS	<b>3111 STIRLING ROAD</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GUTIERREZ, B. INES</b>	
STREET ADDRESS	<b>6025 NW 18 ST, #602</b>	
CITY-ST-ZIP	<b>MIAMI FL 33128</b>	
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>OJEDA, ROLANDO J</b>	
STREET ADDRESS	<b>5731 NW 37 ST, STE 504</b>	
CITY-ST-ZIP	<b>VIRGINIA GARDENS FL 33166</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SCIARROTTA, JOSEPH</b>	
STREET ADDRESS	<b>5731 NW 37 ST, STE 504</b>	
CITY-ST-ZIP	<b>VIRGINIA GARDENS FL 33166</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, CIRA</b>	
STREET ADDRESS	<b>10341 SW 18 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHMIDT, CAROLYN</b>	
STREET ADDRESS	<b>6025 NW 18 ST, #602</b>	
CITY-ST-ZIP	<b>MIAMI FL 33128</b>	

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

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: *Patricia Ines Gutierrez* (Patricia Ines Gutierrez) 1/19/03 (305) 869-4120  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)