

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **N29282**

1. Entity Name

AIRPORT MINORITY ADVISORY COUNCIL CORP.**FILED**
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90812 048 ****61.25

0091573

Principal Place of Business

**2800 SHIRLINGTON ROAD
SUITE 940
ALEXANDRIA VA 22206
US**

Mailing Address

**2800 SHIRLINGTON ROAD
SUITE 940
ALEXANDRIA VA 22206
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1398266

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

**EMPIRE CORPORATE KIT COMPANY
348 WEST FLAGLER STREET
MIAMI FL 33130**

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 \$61.259. 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 **CD** ☐ Delete
NAME **MOORE, LINDA**
STREET ADDRESS **2800 SHIRLINGTON ROAD, SUITE 940**
CITY-ST-ZIP **ALEXANDRIA VA 22206**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **OLIVER, BARBARA**
STREET ADDRESS **2800 SHIRLINGTON ROAD, SUITE 940**
CITY-ST-ZIP **ALEXANDRIA VA 22206**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VCD** ☐ Delete
NAME **SWIFT, WILLIAM**
STREET ADDRESS **2800 SHIRLINGTON ROAD, SUITE 940**
CITY-ST-ZIP **ALEXANDRIA VA 22206**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **WILSON, JAMES**
STREET ADDRESS **2800 SHIRLINGTON ROAD, SUITE 940**
CITY-ST-ZIP **ALEXANDRIA VA 22206**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **2VCD** ☐ Delete
NAME **CARTER, RUTH**
STREET ADDRESS **2800 SHIRLINGTON ROAD, SUITE 940**
CITY-ST-ZIP **ALEXANDRIA VA 22206**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/01)