

AMENDED

2002 UNIFORM BUSINESS REPORT (UBR)

08-06-2002 90133 024 *****61.25

DOCUMENT # N29282

FILED N29282
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. Entity Name

AIRPORT MINORITY ADVISORY COUNCIL CORP. ✓

02 AUG -7 PM 4:01

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

Zip

Country

Zip

Country

4. FEI Number

62-1398266

Applied For

Not Applicable

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MOORE, LINDA
2800 SHIRLINGTON ROAD, SUITE 940
ALEXANDRIA VA 22206 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2VCD
NEDRA FARBER-LUTEN
2800 Shirlington Road, Suite 940
Arlington, VA 22206 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
OLIVER, BARBARA
2800 SHIRLINGTON ROAD, SUITE 940
ALEXANDRIA VA 22206 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
SWIFT, WILLIAM
2800 SHIRLINGTON ROAD, SUITE 940
ALEXANDRIA VA 22206 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WILSON, JAMES
2800 SHIRLINGTON ROAD, SUITE 940
ALEXANDRIA VA 22206 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ANTONIO JUNIOR
2800 Shirlington Road Suite 940
Arlington, VA 22206 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2VCD
CARTER, RUTH
2800 SHIRLINGTON ROAD, SUITE 940
ALEXANDRIA VA 22206 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)