

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37819

1. Entity Name

AIRPORT WEST CHAMBER OF COMMERCE, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90100 010 ***150.00

Principal Place of Business

Mailing Address

8181 NW 36 ST
 STE 14E
 MIAMI FL 33166
 US

8181 NW 36 ST
 STE 14E
 MIAMI FL 33166-6628
 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

65-0282586

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIEDRA, MILTON D.
8181 NW 36TH ST
#14-E
MIAMI FL 33166

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 \$61.25

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 **PD** Delete
 NAME **SLADE, ROGER**
 STREET ADDRESS **ONE BISCAYNE TOWER 2 S BISCAYNE BLVD 3660**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VP** Change Addition
 NAME **SOMAN, JOANN**
 STREET ADDRESS **8181 N.W. 14th St., Suite 300**
 CITY-ST-ZIP **Miami, FL 33126**

TITLE **VPD** Delete
 NAME **ABBATE JR, ANDRE G**
 STREET ADDRESS **9455 NW 40TH ST RD**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE **VPD** Change Addition
 NAME **ABBATE JR, ANDRE G.**
 STREET ADDRESS **9929-Costa del Sol Bilvd**
 CITY-ST-ZIP **Miami, FL 33178**

TITLE **TD** Delete
 NAME **GONZALEZ, EDUARDO**
 STREET ADDRESS **8180 NW 36TH ST 100**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **SC** Change Addition
 NAME **ENOS, JENNIFER**
 STREET ADDRESS **10145 N.W. 19th ST.**
 CITY-ST-ZIP **Miami, FL 33172**

TITLE **SD** Delete
 NAME **VARGAS, HERBERT**
 STREET ADDRESS **2001 NW 107TH AVE**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **D** Change Addition
 NAME **PIEDRA, MILTON D.**
 STREET ADDRESS **8181 N.W. 36th St., Suite 14-E**
 CITY-ST-ZIP **Miami, FL 33166**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Change Addition
 NAME **MADRIGAL, FELIPE**
 STREET ADDRESS **1565N.W.88th Ave, Unit C**
 CITY-ST-ZIP **Miami, FL 33172-2603**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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 REQUIRED**

2/23/00
 Date

(305) 477-7447
 Daytime Phone #

CR2E037 (9/99)