

# 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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SLADE, ROGER	
STREET ADDRESS	ONE BISCAYNE TOWER 2 S BISCAYNE BLVD 3660	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ABBATE JR, ANDRE G	
STREET ADDRESS	9455 NW 40TH ST RD	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GONZALEZ, EDUARDO	
STREET ADDRESS	8180 NW 36TH ST 100	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VARGAS, HERBERT	
STREET ADDRESS	2001 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOMAN, JOANN	
STREET ADDRESS	8181 N.W. 14th St., Suite 300	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBATE JR, ANDRE G.	
STREET ADDRESS	9929-Costa del Sol Bilvd	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	SC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENOS, JENNIFER	
STREET ADDRESS	10145 N.W. 19th ST.	
CITY-ST-ZIP	Miami, FL 33172	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIEDRA, MILTON D.	
STREET ADDRESS	8181 N.W. 36th St., Suite 14-E	
CITY-ST-ZIP	Miami, FL 33166	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADRIGAL, FELIPE	
STREET ADDRESS	1565N.W. 88th Ave, Unit C	
CITY-ST-ZIP	Miami, FL 33172-2603	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00

Date

(305) 477-7447

Daytime Phone #

CR2E037 (9/99)