

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007135

1. Entity Name

FTAA FLORIDA, INC.

FILED
Feb 18, 2000 8:00 am
Secretary of State

02-18-2000 90107 028 ****61.25

Principal Place of Business

HOTEL INTERCONTINENTAL
100 CHOPIN PLAZA, SUITE 5100
MIAMI FL 33131

Mailing Address

JAMES L. KNIGHT CENTER, 3RD FLOOR
400 S.E. 2ND AVE.
MIAMI FL 33131-2140

2. Principal Place of Business

100 Chopin Plaza

Suite, Apt. #, etc.

5100

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Address

100 Chopin Plaza

Suite, Apt. #, etc.

5100

City & State

Miami, FL

Zip

33131

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0900335

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1500 MIAMI CENTER
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Michael P. Eastman

Street Address (P.O. Box Number is Not Acceptable)

100 Chopin Plaza

Suite 5100

City

Miami

FL

Zip Code

33131

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 D
NAME AGUIRRE, ALEJANDRO
STREET ADDRESS 2900 NW 39TH ST
CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE D
NAME KLOCK, JOE
STREET ADDRESS 200 S. BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE D
NAME MCCOY, TERRY
STREET ADDRESS 319 GRINTER HALL
CITY-ST-ZIP GAINESVILLE FL 32611 ☐ Delete

TITLE D
NAME MIGOYA, CARLOS
STREET ADDRESS 200 S. BISCAYNE BLVD., STE 1500
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE D
NAME MILTON, TEALA
STREET ADDRESS 8787 BAYPINE RD.
CITY-ST-ZIP JACKSONVILLE FL 32256 ☒ Delete

TITLE D
NAME STIERNEIM, MERRETT
STREET ADDRESS 111 N.W. 1ST ST., STE 2910
CITY-ST-ZIP MIAMI FL 33126 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME Maria Camila Leiva
STREET ADDRESS 2305 NW 101 AV.
CITY-ST-ZIP Miami, FL 33172 ☐ Change ☒ Addition

TITLE D
NAME Katherine Harris
STREET ADDRESS FL Department of State
CITY-ST-ZIP Tallahassee, FL ☐ Change ☒ Addition

TITLE D
NAME Gary Dellapa
STREET ADDRESS Miami Aviation Dept.
CITY-ST-ZIP Miami, FL ☐ Change ☒ Addition

TITLE D
NAME Corinne B. Young
STREET ADDRESS University of Tampa
CITY-ST-ZIP Tampa, FL ☐ Change ☒ Addition

TITLE D
NAME Hal Sumrall
STREET ADDRESS 200 East Robinson Street
CITY-ST-ZIP Orlando, FL 32801 ☐ Change ☒ Addition

TITLE D
NAME Jean-Dominique Virchaux
STREET ADDRESS 5301 Blue Lagoon Dr. # 590
CITY-ST-ZIP Miami, FL 33126 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)