2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

-P00000083994 **DOCUMENT #**

1. Entity Name

HOMESTEAD GENERAL AIRPORT

HOMESTEAD FL 33030

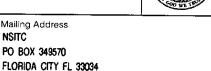
NIGHT SYSTEMS INTERNATIONAL TRAINING CENTER, COR

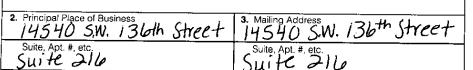


Feb 28, 2003 8:00 am Secretary of State 02-28-2003 90133 013 ***150.00

FILED

Principal Place of Business Mailing Address 28701 SW 239 AVENUE NSITC







☐ CHECK HERE IF MAKING CHANGES

DATE

Miami, FL	<u>• </u>	City & State Miami,	FL		4. FEI Number 65	-1037006		H 1	olied For Applica
33186	USA Country	33186	Count US	Ά	5. Certificate of Stat	us Desired		\$8.75 Addit	tional
6. Na	me and Address of Cu	urrent Registered Agent			7. Name and Addre	ss of New Re	gistere	f Agent	
GONZALEZ, RICAL				Name Street Addre		15 /			

AIRPORT EXECUTIVE TOWER II 7270 N.W. 12TH STREET, P.H. 9 **MIAMI FL 33126**

SIGNATURE

City		 FI	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.	am familiar with, and accept
	the obligations of registered agent.	ram familiai with, and accept

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9.	Election Campaign Financing
	Trust Fund Contribution.

\$5.00	May Be
Added to	Fees

10	ACEIOEDO AND DIDEOTODO					
10. CFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
NAME STREET ADDRESS CITY-ST-ZIP	DVT RODRIGUEZ, JOSE ALBERTO 19450 S W 208TH STREET MIAMI FL 33187	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MALDONADO, JOSE ANGEL 28701 SW 219 AVENUE HOMESTEAD FL 33030	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE C NAME STREET ADDRESS -CITY-ST-ZIP	- · · · Addition .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 true ee empowered to execute his report as required by Chapter 607, 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 inpowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

Change

☐ Addition