

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

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90150 010 ***150.00

DOCUMENT # P-02 000079728

1. Entity Name

AIRPORT ALLIANCE INC

DO NOT WRITE IN THIS SPACE

90061590

2. Principal Place of Business

13290 SW 88 LANE

3. Mailing Address

PO BOX 99-8644

Suite, Apt. #, etc.

Bldg A # 111

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

02-0633971

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33299

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

TERESA RAMIREZ

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

13290 SW 88 LANE

Bldg A # 111

City

MIAMI,

FL

Zip Code

33186

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

TERESA RAMIREZ

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/03

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT/DIRECTOR</u> <u>TERESA RAMIREZ</u> <u>13290 SW 88 LANE</u> <u>Bldg A # 111</u> <u>MIAMI, FL 33186</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Teresa Ramirez

TERESA RAMIREZ

Pres 3/12/03

305-884-4995