

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT.#-P95000050623

1. Entity Name
AIR/SEAPORT FACILITIES CONSULTING, INC.

Principal Place of Business
174 LENAPE DR
MIAMI SPRINGS FL 33166

Mailing Address
174 LENAPE DR
MIAMI SPRINGS FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0638016

Applied For
Not Applicable

Zip

Country

Zip

Country

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

~~SORA, RAUL R~~
174 LENAPE DR
MIAMI SPRINGS 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 RAUL R. SORA
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 04, 2001

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **SORA, ANA**
STREET ADDRESS **174 LENAPE DRIVE**
CITY-ST-ZIP **MIAMI SPRINGS FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **SORA ANA**
STREET ADDRESS **8801 SW 64 CT**
CITY-ST-ZIP **PNECCEST, FL 33156**

TITLE **VP** ☐ Delete
NAME **SORA, ANN MARIA R**
STREET ADDRESS **174 LENAPE DR**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAUL R. SORA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan. 04, 2001 305 887 1490

0207020

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE