

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087216

1. Entity Name

AIRPORT SERVICE CENTER, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90107 006 ***150.00

Principal Place of Business

8701 NW 13TH TERRACE
MIAMI FL 33172

Mailing Address

8775 W FLAGLER
MIAMI FL 33174-2417
US

2. Principal Place of Business

3. Mailing Address

7900 NW 36 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

4. FEI Number

65-0619557

Applied For

Not Applicable

Zip

Country

Zip

33166

Country

US

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

ALVAREZ, VICTOR R
8775 W. FLAGLER ST
MIAMI FL 33174

Name

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

7900 NW 36 ST

City

Miami

FL

Zip Code

33166

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

1/17/00

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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS ALVAREZ, VICTOR R
CITY-ST-ZIP 5033 NW 94 DORAL PL
MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7900 NW 36 ST
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00 305-477-3347

Date

Daytime Phone #

CR2E034 (9/99)