


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

**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

06-05-2003 90129 011 \*\*\*158.75

**DOCUMENT # P97000042376**

1. Entity Name  
OPA-LOCKA AIRPORT EXECUTIVE CENTER, INC.



Principal Place of Business  
4051 NW 145TH STREET  
OPA LOCKA AIRPORT, BUILDING 35  
OPA LOCKA FL 33054

Mailing Address  
4051 NW 145TH STREET  
OPA LOCKA AIRPORT, BUILDING 35  
OPA LOCKA FL 33054



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **65-0753567**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZN, ALEXANDER**  
40451 NW 145 TH  
OPA LOCKA AIRPORT BLDG 3T  
MIAMI FL 33054

7. Name and Address of New Registered Agent

Name  
**Alexander Rodriguez**

Street Address (P.O. Box Number is Not Acceptable)  
**4051 NW 145th Street**

**Opa Locka Airport, Bldg 35**

City **Miami** FL Zip Code **33054**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RODRIGUEZ, ALEXANDER</b> <b>4051 NW 145TH ST. OPA LOCKA AIRPORT BLDG35</b> <b>OPA LOCKA FL 33054</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/02)

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 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 like empowered.

SIGNATURE: Alexander Rodriguez, President 04-15-03 305-688-0077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #