

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **997000079201** ✓

1. Entry Name

AIRPORT Executive L1010

118250

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
937 NW 41 ST

3. Mailing Address
937 NW 41 ST

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
317

Suite, Apt. #, etc.
317

City & State
MIA FL

City & State
MIA FL

Zip
33178

Country

Zip
33178

Country

4. FEI Number
65-0780999

Applied For
☐ Not Applicable

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

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Peter Branch**

Street Address (P.O. Box Number is Not Acceptable)
4716 SW 67 AVE

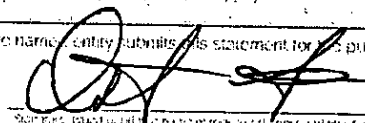
City **MIA**

FL

Zip Code
33155

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE



President

4/29/02

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

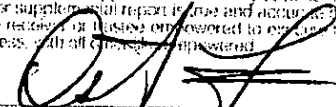
TITLE PRESIDENT	NAME 6540 SW 138 CT #501
STREET ADDRESS MIAMI FL 33183	
CITY-ST-ZIP	
TITLE	NAME
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CITY-ST-ZIP	CITY-ST-ZIP

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)(g), 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 holder of a business 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 changes, as presented.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

305-552-6555

CR2E034B (12/01)