

2000 UNIFORM BUSINESS REPORT (UBR)

019154

DOCUMENT # P98000000987

1. Entity Name
MIAMI INTERNATIONAL AIRPORT CONSULTANTS, INC.

FILED

00 MAR 20 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
5757 NW 11TH STREET, STE 160 5757 NW 11TH STREET, STE 160
MIAMI FL 33126-2035 MIAMI FL 33126-2035

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0523556**
65-0819952 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE
65-0819952

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROCHETEAU, RALPH
5757 NW 11TH STREET, STE 160
MIAMI FL 33126-2035

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **PD** Delete
NAME **ROCHETEAU, RALPH**
STREET ADDRESS **5757 NW 11TH STREET, STE 160**
CITY-ST-ZIP **MIAMI FL 33126-2035**

Change Addition
700003188667--7
-03/29/00--01063--011
*****158.75 ***158.75**

TITLE **TD** Delete
NAME **ARMENTA, ROSARIO**
STREET ADDRESS **5757 NW 11TH STREET, STE 160**
CITY-ST-ZIP **MIAMI FL 33126-2035**

TITLE **V T D** Change Addition
NAME **Armenta, Rosario**
STREET ADDRESS **5757 nw 11 str., ste. 160**
CITY-ST-ZIP **Miami, Fl 33126**

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE: *Ralph Rocheteau* Date 28 Feb 2000 Daytime Phone # 305-262-0547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)