

# 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**      Applied For  
**65-0819952**      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  
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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 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)