

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90067 035 ***158.75

DOCUMENT # P98000000987

1. Entity Name
MIAMI INTERNATIONAL AIRPORT CONSULTANTS, INC.

Principal Place of Business 5757 NW 11TH STREET, STE 160 MIAMI FL 33126-2035	Mailing Address 5757 NW 11TH STREET, STE 160 MIAMI FL 33126-2035
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00018867



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10305 NW 41 Street Suite, Apt. #, etc. Suite 111 City & State Miami, Florida	3. Mailing Address 10305 NW 41 Street Suite, Apt. #, etc. Suite 111 City & State Miami, Florida
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4. FEI Number 65-0819952	Applied For <input type="checkbox"/> Not Applicable
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Zip 33178	Country Dade	Zip 33178	Country Dade
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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

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

Name
Ralph Rocheteau
 Street Address (P.O. Box Number is Not Acceptable)
 10305 NW 41 Street
 Suite 111
 City
 Miami, Florida FL Zip Code
 33178

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 *Ralph Rocheteau* *Ralph Rocheteau* *13 Feb 2001*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROCHETEAU, RALPH 5757 NW 11TH STREET, STE 160 MIAMI FL 33126-2035	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ARMENTA, ROSARIO 5757 NW 11TH STREET, STE 160 MIAMI FL 33126	<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	Ralph Rocheteau 10305 NW 41 Street Suite 111, Miami, Florida 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rosario Armenta 10305 NW 41 Street, Suite 111 Miami, Florida 33178	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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* *Ralph Rocheteau* February 13, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)