

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022770

1. Entity Name

AIRPORT APARTMENTS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

02-21-2000 90014 018 ***150.00

Principal Place of Business
741 NW 45 AVE
MIAMI FL 33126

Mailing Address
4095 LUDLAM RD
MIAMI FL 33155-4757



DO NOT WRITE IN THIS SPACE

~~2. Principal Place of Business~~
~~4095 SW 67 AVE~~
~~Suite, Apt. #, etc.~~

~~3. Mailing Address~~
~~4095 SW 67 AVE~~
~~Suite, Apt. #, etc.~~

~~City & State~~
~~MIAMI, FL~~

~~City & State~~
~~MIAMI, FL~~

~~Zip~~
~~33155~~

~~Country~~
~~USA~~

~~Zip~~
~~33155~~

~~Country~~
~~USA~~

4. FEI Number 65-0831375

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SUAREZ, JESUS V
4095 LUDLAM RD
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name JAY V. SUAREZ
Street Address (P.O. Box Number is Not Acceptable)
4095 SW 67 AVE
City MIAMI, FL Zip Code 33155

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 _____ (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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SUAREZ, JESUS V. 4095 LUDLAM RD MIAMI FL 33155	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: JESUS V. SUAREZ, PRES 2/12/00 305-661-2000

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