

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90106 047 \*\*\*150.00

**DOCUMENT # P98000022770**

1. Entity Name  
**AIRPORT APARTMENTS, INC.**

Principal Place of Business  
**741 NW 45 AVE**  
**MIAMI FL 33126**

Mailing Address  
**4095 LUDLAM RD**  
**MIAMI FL 33155**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**12763 SW 280 Street**  
 Suite, Apt. #, etc.

City & State  
**Miami Florida**

City & State  
**Miami Florida**

Zip  
**33126**

Country  
**USA**

Zip  
**33032**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

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**

**7. Name and Address of New Registered Agent**

**SUAREZ, JESUS V**  
**4095 LUDLAM RD**  
**MIAMI FL 33155**

Name  
**SUAREZ, JESUS V.**

Street Address (P.O. Box Number is Not Acceptable)  
**12763 S.W. 280 St.**

City  
**MIAMI**

State  
**FL**

Zip Code  
**33032**

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 *J. Suarez* DATE \_\_\_\_\_

Signature typed or printed name of registered agent and file 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, 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	<input type="checkbox"/> Delete
DPS	SUAREZ, JESUS V	4095 LUDLAM RD	MIAMI FL 33155	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	SUAREZ, JESUS V.	12763 SW 280 Street	Miami Florida 33032	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *J. Suarez* DATE 3/7/01 DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)