

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90188 004 ***150.00

DOCUMENT # P98000031476

1. Entity Name

MIAMI INTERNATIONAL AEROSPACE SHOW & EXHIBITION,

Principal Place of Business

Mailing Address

**1607 PONCE DE LEON BLVD.
 SUITE 101
 CORAL GABLES FL 33134**

**1607 PONCE DE LEON BLVD.
 SUITE 101
 CORAL GABLES FL 33134**

C0058145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

250 GIRALDA AVE

250 GIRALDA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CORAL GABLES, FL

CORAL GABLES, FL

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

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

**NUNEZ, ALEJANDRO ESQ.
 1607 PONCE DE LEON BLVD.
 SUITE 101
 CORAL GABLES FL 33134**

Name **NUNEZ, ALEJANDRO ESQ**

Street Address (P.O. Box Number is Not Acceptable)

250 GIRALDA AVENUE

City **CORAL GABLES**

FL

Zip Code
33134

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

Signature, typed or printed name of registered agent and fee if applicable.

ALEJANDRO NUNEZ ESQ

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-01

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 **PD** ☐ Delete
 NAME **MACAYA, EDUARDO**
 STREET ADDRESS **4161 WEST 9TH LANE UNIT 36**
 CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE **VPD** ☐ Delete
 NAME **LOPEZ, HUMBERTO JR.**
 STREET ADDRESS **2865 WEST 76TH ST.**
 CITY-ST-ZIP **HIALEAG FK 33018**

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

TITLE **SD** ☐ Delete
 NAME **MACAYA, EDUARDO**
 STREET ADDRESS **4161 WEST 9TH LANE UNIT 36**
 CITY-ST-ZIP **HIALEAH FL 33012**

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
 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

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: **EDUARDO MACAYA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 **305-7746222**
 Date Daytime Phone #

CR2E034 (10/00)