# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 22, 2001 8:00 am**
**Secretary of State**
05-22-2001 90629 030 ***150.00

DOCUMENT # P98000044312

1. Entity Name

MIAMI HOMESTEAD INTERNATIONAL AIRPORT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2688 S.W. 137th Avenue<br>Miami, FL 33175 | 2688 S.W. 137th Avenue<br>Miami, FL 33175 |

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied ☒ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

MIAMI CORPORATE SYSTEMS, INC.
283 Catalonia Avenue
Coral Gables, Florida 33134

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

Name

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

City **FL** Zip Code

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 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 | D ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | ADRIAN, PEDRO | NAME | |
| STREET ADDRESS | 2460 SW 137th Avenue, Suite 238 | STREET ADDRESS | |
| CITY-ST-ZIP | Miami, FL 33175 | CITY-ST-ZIP | |
| TITLE | D ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | AJAGBE, OLABODE A. | NAME | |
| STREET ADDRESS | 3875 NW 82nd Avenue, Suite 305 | STREET ADDRESS | |
| CITY-ST-ZIP | Miami, FL 33166 | CITY-ST-ZIP | |
| TITLE | D ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | HERRERA, CARLOS | NAME | |
| STREET ADDRESS | 15165 NW 77 Avenue, Suite 2002 | STREET ADDRESS | |
| CITY-ST-ZIP | Miami Lakes, FL 33014 | CITY-ST-ZIP | |
| TITLE | D ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | JUDY, RICHARD | NAME | |
| STREET ADDRESS | 5757 NW 11 Street, Suite 160 | STREET ADDRESS | |
| CITY-ST-ZIP | Miami, FL 33126 | CITY-ST-ZIP | |
| TITLE | D ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | MAS, JUAN C. | NAME | |
| STREET ADDRESS | 10441 SW 187th Street | STREET ADDRESS | |
| CITY-ST-ZIP | Miami, FL | CITY-ST-ZIP | |
| TITLE | D ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | HILL, MICHAEL | NAME | |
| STREET ADDRESS | 601 Brickell Key Drive, Suite 705 | STREET ADDRESS | |
| CITY-ST-ZIP | Miami, FL 33131 | CITY-ST-ZIP | |

CR2E034 (1/96)

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: _____ 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #