

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

05-14-2001 90047 035 \*\*\*150.00

0191885

**DOCUMENT # P98000107746**

1. Entity Name  
**AIRPORT PLAZA SHOPPING CENTER, INC.**

Principal Place of Business      Mailing Address  
**4095 SW 67 AVE**      **4095 SW 67 AVE**  
**MIAMI FL 33155**      **MIAMI FL 33155**

2. Principal Place of Business      3. Mailing Address  
**12763 SW 280<sup>th</sup> Street**      **12763 SW 280 Street**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Miami Florida**      **Miami Florida**  
 Zip      Country      Zip      Country  
**33032**      **USA**      **33032**      **USA**

4. FEI Number      Applied For  
**65-0900734**      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

**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      **SUAREZ JESUS V.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12763 S.W. 280 St**  
 City      State      Zip Code  
**MIAMI**      **FL**      **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 3/7/01  
Signature, typed or printed name of registered agent and date 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS</b> <b>SUAREZ, JESUS V</b> <b>4095 LUDLAM RD.</b> <b>MIAMI FL 33155</b>	<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	<b>SUAREZ, JESUS V.</b> <b>12763 SW 280 Street</b> <b>Miami Florida 33032</b>	<input checked="" 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: *J. Suarez*      DATE 3/7/01      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)