

AMENDED

2002 UNIFORM BUSINESS REPORT (UBR)

08-06-2002 90133 024 *****61.25

DOCUMENT # N29282

FILED N29282
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. Entity Name

AIRPORT MINORITY ADVISORY COUNCIL CORP. ✓

02 AUG -7 PM 4:01

Principal Place of Business

2800 SHIRLINGTON ROAD
SUITE 940
ALEXANDRIA VA 22206
US

Mailing Address

2800 SHIRLINGTON ROAD
SUITE 940
ALEXANDRIA VA 22206
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1398266

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

EMPIRE CORPORATE KIT COMPANY
348 WEST FLAGLER STREET
MIAMI FL 33130

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOORE, LUNDA 2800 SHIRLINGTON ROAD, SUITE 940 ALEXANDRIA VA 22206 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLIVER, BARBARA 2800 SHIRLINGTON ROAD, SUITE 940 ALEXANDRIA VA 22206 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD SWIFT, WILLIAM 2800 SHIRLINGTON ROAD, SUITE 940 ALEXANDRIA VA 22206 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, JAMES 2800 SHIRLINGTON ROAD, SUITE 940 ALEXANDRIA VA 22206 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD CARTER, RUTH 2800 SHIRLINGTON ROAD, SUITE 940 ALEXANDRIA VA 22206 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VCD NEDRA FARBER-LUTEN 2800 Shirlington Road, Suite 940 Arlington, VA 22206 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANTONIO JUNIOR 2800 Shirlington Road Suite 940 Arlington, VA 22206 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (4/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/9/02
aw