

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State
 02-08-2000 90034 022 ***150.00

DOCUMENT # M44302

1. Entity Name

THE APPLE ORGANIZATION, INC.

Principal Place of Business

Mailing Address

C/O PHYLLIS APPLE
 17840 W. DIXIE HIGHWAY
 NORTH MIAMI BEACH FL 33160-4822

C/O PHYLLIS APPLE
 17840 W. DIXIE HIGHWAY
 NORTH MIAMI BEACH FL 33160-4822

00011310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2766503**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

APPLE, PHYLLIS
17840 W. DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33160

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.

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, 2000 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: **PST** Delete
 NAME: **APPLE, PHYLLIS**
 STREET ADDRESS: **20420 N.E. 34TH CT.**
 CITY-ST-ZIP: **N. MIAMI BEACH FL 33180**

TITLE: Change * * * * *
 NAME: Change * * * * *
 STREET ADDRESS: Change * * * * *
 CITY-ST-ZIP: Change * * * * *

TITLE: **V** Delete
 NAME: **ZUCKER, VALERIE**
 STREET ADDRESS: **21054 N.E. 34TH CT.**
 CITY-ST-ZIP: **AVENTURA FL 33180**

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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:

SIGNATURE *Phyllis Apple*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00
 Date

Date

Daytime Phone #