

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91130 012 ****61.25

DOCUMENT # N96000000826

1. Entity Name

APHEC INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
P.O. BOX 640981 MIAMI FL 33164	P.O. BOX 640981 MIAMI FL 33164



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>12402 West Dixie Hwy</i>	3. Mailing Address
Suite, Apt. #, etc. <i>(B) Suite B-</i>	Suite, Apt. #, etc.
City & State <i>NO. Miami, FL</i>	City & State
Zip <i>33161</i>	Country <i>USA</i>

4. FEI Number 65-0645367	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIERRE, ANNA L
280 NE 172 STREET
N. MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERRE, ANNA L 280 NE 172 ST N. MIAMI BEACH FL 33162 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD LUBIN, MARIE 19810 NW 38TH PLACE CAROL CITY FL 33055 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEST, DON 1170 NE 110TH TERRACE MIAMI FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD MILHOMME, TANYA 621 NE 165 ST MIAMI FL 33162 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENLON, TELSA 1821 SW 124TH WAY MIRAMAR FL 33027 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT TOUSSAINS, EMMANUEL 1735 NW 134 ST NORTH MIAMI BEACH FL 33162 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT TOUSSAIN, EMMANUEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1735 NW 134 ST MIAMI, FL 33137

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: *Anna L. Pierre* DATE: *4/24/01* PHONE: *(305) 770-0150*

CR2E037 (10/00)