

2001 UNIFORM BUSINESS REPORT (UBR)

2/15

FILED
Mar 30, 2001 8:00 am
Secretary of State

02-15-2001 90015 040 ***150.00

DOCUMENT # P00000111616

1. Entity Name
APA FINANCIAL, INC.

Principal Place of Business 11927 MAIDSTONE DR. WEST PALM BEACH FL 33414	Mailing Address 11927 MAIDSTONE DR. WEST PALM BEACH FL 33414
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2. Principal Place of Business Suits, Apt. #, etc.	3. Mailing Address Suits, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 45-1061333	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 NPA SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Mr. George A. Abouzeid Street Address (P.O. Box Number is Not Acceptable) 11927 Maidstone Drive City West Palm Beach FL Zip Code 33414
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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 *George A. Abouzeid* **George A. Abouzeid** 3-26-2001
Signature, typed or printed name of registered agent and its address. (NOTE: Registered Agent signature required when re-appointing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) 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 NAME STREET ADDRESS CITY-ST-ZIP Mr. George A. Abouzeid 11927 Maidstone Drive West Palm Beach, Florida 33414	<input type="checkbox"/> Delete	TITLE DP NAME STREET ADDRESS CITY-ST-ZIP Mr. George A. Abouzeid 11927 Maidstone Drive West Palm Beach, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(b), 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: *George A. Abouzeid* **George A. Abouzeid** 2-7-2001 501 793 6383
SIGNATURE AND TYPED OR PRINTED NAME OF BRIDGE OFFICER OR DIRECTOR DATE Chapter Form 8

CR20034 (10/00)