

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028582

1. Entity Name

A & P FINANCIAL SERVICES, INC.

FILED
00 JUN 27 PM 6:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2246 S.W. 24TH TERRACE
MIAMI FL 33145

Mailing Address

P.O. BOX 453332
MIAMI FL 33245-3332

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 **65-0567997**

Applied For
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

**ANDICH, E.W.
12840 SW 69TH CT.
MIAMI FL 33156**

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

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

TITLE: **STD** Delete
NAME: **PARKER, JOANNA**
STREET ADDRESS: **2246 S.W. 24TH TERRACE**
CITY-ST-ZIP: **MIAMI FL**

TITLE: **PD** Delete
NAME: **ANDICH, E.W.**
STREET ADDRESS: **2246 S.W. 24TH TERRACE**
CITY-ST-ZIP: **MIAMI FL**

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
700003327527

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
0713700-01035-007

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
******150.00 ****150.00**

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
SP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
SP

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. Parker **FILED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2000 305-854-484

Date

Daytime Phone #