

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 12, 2002 8:00 am
Secretary of State**

05-12-2002 90612 041 ***158.75

DOCUMENT # P99000104105
1. Entity Name
APS REALTY 35, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5761 NW 37 Ave.
Suite, Apt. #, etc.

3. Mailing Address
5761 NW 37 Ave.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
650968270
Applied For
Not Applicable

Zip
33142

Country
USA

Zip
33142

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Dade Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
2300 Coral Way, Suite 111
City **Miami** FL Zip Code **33145**

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **D**
NAME **Sigerman, Michael**
STREET ADDRESS **5761 NW 37 Ave.**
CITY-STATE-ZIP **Miami, FL 33142**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D**
NAME **Ploshnick, Gary**
STREET ADDRESS **5761 NW 37 Ave, Miami, FL**
CITY-STATE-ZIP **33142**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D**
NAME **Arce, Lorenzo**
STREET ADDRESS **10598 NW South River Dr.**
CITY-STATE-ZIP **Miami, FL 33142**

DO NOT WRITE IN THIS SPACE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

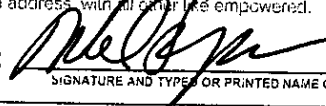
TITLE
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CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **MIKE SIGERMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2-28-02** (305) 858 5558
Date Day-Month-Year

CR2E034B (12/01)