

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2000 8:00 am**
Secretary of State

04-18-2000 90146 010 ***158.75

DOCUMENT # 583661

1. Entity Name

APEC CONSULTANTS INCORPORATED

Principal Place of Business

Mailing Address

**3225 AVIATION AVENUE
STE. 501
COCONUT GROVE FL 33133****3225 AVIATION AVENUE
STE. 501
COCONUT GROVE FL 33133-4741**

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

59-2131964

Applied For

Not Applicable

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

Name

Hellman, Maynard J.

Street Address (P.O. Box Number is Not Acceptable)

150 South Pine Island Road Ste. 500

City

Plantation,

FL

Zip Code

33324**HELLMAN, MAYNARD J.
1100 PONCE DE LEON
CORAL GABLES FL 33134**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VS	SOLOMON, RICHARD B	3225 AVIATION AVE., STE. 501	COCONUT GROVE FL 33133	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PS	MARTIN, JOHN A	3225 AVIATION AVE., STE. 501	COCONUT GROVE FL 33133	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	JOSEPH, AREK	3225 AVIATION AVE., STE. 501	COCONUT GROVE FL 33133	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 667, 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: **Richard B. Solomon**

4-6-00

(305) 860-1444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)