

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 602558

1. Entity Name

APPEL & BROWN, P.A.

Principal Place of Business

9350 S DIXIE HWY
#1420
MIAMI FL 33156

Mailing Address

9350 S. DIXIE HIGHWAY
SUITE 1420
MIAMI FL 33156
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

601 Brickell Key Drive

Suite, Apt. #, etc.

507

City & State

Miami, FL

Zip

33131

Country

USA

4. FEI Number

59-1308090

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

APPEL, CHARLES
9350 S DIXIE HWY
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

IAG CORPORATE SERVICES, INC.

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

601 Brickell Key Drive

Suite 507

City

Miami,

FL

Zip Code

33131

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.

IAG CORPORATE SERVICES, INC.

SIGNATURE

By:

Ivan A. Gomez
IVAN A. GOMEZ, President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/00

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	PST	<input type="checkbox"/> Delete
NAME	APPEL, CHARLES	
STREET ADDRESS	9350 S DIXIE HWY	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROWN, ANTHONY J.	
STREET ADDRESS	9350 S DIXIE HWY	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90079 001 ***150.00

04-18-2000 90079 002 *****8.75

1004



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)