

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G62725**

1. Entity Name

A.F. BEST SECURITIES, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90190 013 ***150.00

Principal Place of Business

**RADICE CORPORATE CENTER
800 CORPORATE DR
FORT LAUDERDALE FL 33334**

Mailing Address

**RADICE CORPORATE CENTER
800 CORPORATE DR
FORT LAUDERDALE FL 33334**

2. Principal Place of Business

**515 E. Las Olas Blvd.
Suite, Apt. #, etc.
1200**

3. Mailing Address

**515 E. Las Olas Blvd.
Suite, Apt. #, etc.
1200**

City & State

Fort Lauderdale, Florida

City & State

Fort Lauderdale, Florida

Zip

33301

Country

U.S.A.

Zip

33301

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2325576**

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

**NORTH FLORIDA REGISTERED AGENTS INC
200 EAST LAS OLAS BLVD., SUITE 1900
FT. LAUDERDALE FL 33301**

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, 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 **PCD** ☐ Delete
NAME **APPELBAUM, ALAN Z**
STREET ADDRESS **8195 NW 47 DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD** ☐ Delete
NAME **CLANCY, SEAN M**
STREET ADDRESS **211 BALCROSS DR**
CITY-ST-ZIP **BAL HARBOUR FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Alan Z. Appelbaum 1/22/01 954-785-4944
Date Daytime Phone #

CR2E034 (10/00)