

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90448 016 ***150.00

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DOCUMENT # G69993

1. Entity Name

AMERICAN PURCHASING SERVICES, INC.



Principal Place of Business

630 WEST 84 STREET

HIALEAH FL 33104

US

Mailing Address

630 WEST 84 STREET

HIALEAH FL 33142

US

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 **59-2337158**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGRAWAL, AKHIL K
630 WEST 84TH STREET
HIALEAH FL 33014

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTSD** ☐ Delete
NAME **AGRAWAL, AKHIL**
STREET ADDRESS **1625 EAGLE BAND**
CITY-ST-ZIP **WESTON FL 33327**

TITLE **PTSD** ☒ Change ☐ Addition
NAME **Akhil K. Agrawal**
STREET ADDRESS **630 West 84th St.**
CITY-ST-ZIP **Hialeah, FL 33014**

TITLE **VD** ☐ Delete
NAME **AGRAWAL, SUKRIT**
STREET ADDRESS **6301 COLLINS AVE., APT 2303**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **VD** ☒ Change ☐ Addition
NAME **Akhil K. Agrawal**
STREET ADDRESS **630 West 84th St.**
CITY-ST-ZIP **Hialeah, FL 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

AGRAWAL, AKHIL K.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/03 (305)364-0888

CR2E034 (10/02)