

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90033 044 \*\*\*150.00

**DOCUMENT # L31813**

1. Entity Name  
**APA MANAGEMENT, INC.**

**C0035957**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7480 FAIRWAY DR. SUITE 106 MIAMI LAKES FL 33014	Mailing Address 7480 FAIRWAY DR. SUITE 106 MIAMI LAKES FL 33014-6879
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>65-0159262</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MCNULTY, JOAN**  
**7480 FAIRWAY DR, STE 106**  
**MIAMI LAKES FL 33014**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WITHERSPOON, GENE C.</b>
STREET ADDRESS	<b>801 ARTHUR GODFREY RD.</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>DST</b> <input type="checkbox"/> Delete
NAME	<b>MCNULTY, JOAN</b>
STREET ADDRESS	<b>7480 FAIRWAY DRIVE, SUITE 106</b>
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>
TITLE	<b>DVP</b> <input type="checkbox"/> Delete
NAME	<b>BURNS, JEFFREY M.</b>
STREET ADDRESS	<b>801 ARTHUR GODFREY RD</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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)(l), 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 entries covered.

SIGNATURE *Joan McNulty*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joan McNulty** X  
 Secretary Date (305) 822-1414  
 Daytime Phone #

CR2E034 (9/99)