

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90049 047 ***150.00

DOCUMENT # L31813

1. Entity Name
APA MANAGEMENT, INC.

Principal Place of Business
**1320 SOUTH DIXIE HIGHWAY
SUITE 1060
CORAL GABLES FL 33146**

Mailing Address
**1320 SOUTH DIXIE HIGHWAY
SUITE 1060
CORAL GABLES FL 33146**

2. Principal Place of Business

3. Mailing Address

7480 Fairway Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 106

City & State

City & State
Miami Lakes FL

4. FEI Number
65-0159262

Applied For
Not Applicable

Zip

Country

Zip
33014

Country
USA

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

**MCNULTY, JOAN
7480 FAIRWAY DR, STE 106
MIAMI LAKES 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.

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, 2002 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	<input type="checkbox"/> Delete
PD	WITHERSPOON, GENE C.	1320 S DIXIE HWY STE 1060	CORAL GABLES FL 33146	<input type="checkbox"/>
DST	MCNULTY, JOAN	7480 FAIRWAY DRIVE, SUITE 106	MIAMI LAKES FL	<input type="checkbox"/>
D	NAGEL, EUGENE	1320 S DIXIE HWY STE 1060	CORAL GABLES FL 33146	<input type="checkbox"/>
CEOD	MOYA, FRANK	1320 S DIXIE HWY STE 1060	CORAL GABLES FL 33146	<input type="checkbox"/>
D	MOYA, ELIZABETH	1320 S DIXIE HWY STE 1060	CORAL GABLES FL 33146	<input type="checkbox"/>
D	LICHTIGER, MONTE	1320 S DIXIE HWY STE 1060	CORAL GABLES FL 33146	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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 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: **FRANK MOYA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/02 (305) 666-3002
Date Daytime Phone #

CR2E034 (9/01)