

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90142 027 ***150.00

DOCUMENT # M52694

1. Entity Name
APREMONT, INC.



Principal Place of Business
**2600 SW 3RD AVE
PENTHOUSE A
MIAMI FL 33129-2343
US**

Mailing Address
**2600 SW 3RD AVE
PENTHOUSE A
MIAMI FL 33129-2343
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2808396**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SOUTH FLORIDA REGISTERED AGENTS, INC.
200 SOUTH BISCAYNE BLVD.
#4750
MIAMI FL 33131**

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD	AL TABA, ANDRES	2600 SW 3RD AVE. PHA	MIAMI FL 33129	☐ Delete				☐ Change ☐ Addition
	VD	ACEVEDO, RAFAEL A	2600 SW 3RD AVE SUITE 800	MIAMI FL 33129	☐ Delete				☐ Change ☐ Addition
	SD	AL TABA, CHRISTIAN F	2600 SW 3RD AVE. PHA	MIAMI FL 33129	☐ Delete				☐ Change ☐ Addition
					☐ Delete				☐ Change ☐ Addition
					☐ Delete				☐ Change ☐ Addition
					☐ Delete				☐ Change ☐ Addition
					☐ Delete				☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AL TABA ANDRES 1-21-03 305
8600802

CR2E034 (10/02)