

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

01-24-2003 90127 005 \*\*\*\*61.25

**DOCUMENT # N11638**

1. Entity Name

**ASSOCIATION OF PUBLIC CORPORATIONS, INC.**



Principal Place of Business

**1320 SOUTH DIXIE HWY  
SUITE 841  
CORAL GABLES FL 33146**

Mailing Address

**% LESLIE J. CROLAND  
600 CORPORATE DRIVE., STE 514  
FT LAUDERDALE FL 33334  
US**

2. Principal Place of Business

3. Mailing Address

**350 E. Las Olas Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1150**

City & State

**Ft. Lauderdale, FL**

Zip

Country

**333301**

**USA**

4. FEI Number **59-2645179**

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

**CROLAND, LESLIE J PA  
% EDWARDS & ANGELL, LLP  
600 CORPORATE DRIVE., STE 514  
FT LAUDERDALE FL 33334**

*New Address*

7. Name and Address of New Registered Agent

Name

**Leslie J. Croland, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**Edwards & Angell, LLP**

**350 E. Las Olas Blvd., #1150**

City

**Ft. Lauderdale**

FL

Zip Code

**333301**

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

*Leslie J. Croland*

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

(NOTE: Registered Agent signature required when reinstating)

**1/21/03**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **PEKOR, ALLEN**  
STREET ADDRESS **C/O 700 NW 107TH AVE**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **PD** ☒ Delete  
NAME **HONIG, BURTON A.**  
STREET ADDRESS **5980 MIAMI LAKES DR.**  
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **SD** ☐ Delete  
NAME **CROLAND, LESLIE J.**  
STREET ADDRESS **701 BRICKELL AVE. #2000**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **T** ☐ Delete  
NAME **MAJENA, HECTOR S**  
STREET ADDRESS **2 SOUTH BISCAYNE BLVD 28TH FL**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition  
NAME **Jose Sarriego**  
STREET ADDRESS **3155 N.W. 77th Avenue**  
CITY-ST-ZIP **Miami, FL 33122**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 617, 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:

*Leslie J. Croland*

**1/21/03**

**954.667.6129**

CR2E037 (10/02)