

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004839

1. Entity Name

APFEL AND ASSOCIATES, INC.

Principal Place of Business

418 NE 25TH ST
MIAMI FL 33137

Mailing Address

418 NE 25TH ST
MIAMI FL 33137-4719

2. Principal Place of Business

3510 Biscayne Boulevard

Suite, Apt. #, etc.

Suite 202

City & State

Miami, Florida

Zip

33137

Country

Philippines

3. Mailing Address

3510 Biscayne Boulevard

Suite, Apt. #, etc.

Suite 202

City & State

Miami, Florida

Zip

33137

Country

Miami-Padu



DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0956807

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

APFEL, ALICIA H

418 NE 25TH ST

MIAMI FL 33137

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

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

(NOTE: Registered Agent signature required when reinstating)

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
Department of State

10. OFFICERS AND DIRECTORS

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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President - Apfel, Alicia H. D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Alicia H. Apfel		
STREET ADDRESS	418 NE 25th Street		
CITY-ST-ZIP	Miami, Florida 33137		
TITLE	Chairperson of Board	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Cynthia Brown		
STREET ADDRESS	600 NE 31st Street		
CITY-ST-ZIP	Miami, FL 33137		
TITLE	Secretary of Board	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Jorge Marsal		
STREET ADDRESS	600 NE 97th Street		
CITY-ST-ZIP	Miami Shores, FL 33138		
TITLE	Treasurer of Board	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Humberto Padilla		
STREET ADDRESS	232 NE 27th Street, Apt. 2		
CITY-ST-ZIP	Miami, FL 33137		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:

~~SIGNATURE REQUIRED~~

5/1/00 (305) 573-5888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)