## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jun 26, 2001 8:00 am DOCUMENT # N99000004839 **Secretary of State** 1. Entity Name 06-26-2001 90002 019 \*\*\*\*61.25 APFEL AND ASSOCIATES, INC. Principal Place of Business Mailing Address 3510 BISCAYNE BOULEVARD 3510 BISCAYNE BOULEVARD SUITE 202 SUITE 202 MIAMI FL 33137 MIAMI FL 33137 2. Principal Place of Business 3. Mailing Address 625 NE 52ml street 625 NF 52 nd J+ru+ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0956807 Florid-Not Applicable Miani Miami Country Zip \$8.75 Additional 5. Certificate of Status Desired 33137 33157 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) APFEL, ALICIA H 418 NE 25TH ST 52m street NE MIAI FL 33137 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition CR2E037 (10/00 ☐ Change PD Delete TITLE NAME APFEL, ALICIA H NAME STREET ADDRESS STREET ADDRESS 418 NE 25TH ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33137** ☐ Change ☐ Addition Delete TITLE TITLE **BROWN, CYNTHIA** NAME NAME STREET ADDRESS 600 NE 31ST STREET STREET ADDRESS CITY-ST-Z#P CITY-ST-ZIP MIAMI FL 33137 ☐ Change ☐ Addition D Delete TITLE TITLE Mursuli, Joys CORRECTION MARSALI, JORGE NAME NAME STREET ADDRESS STREET ADDRESS 600 NE 97TH STREET miss pelled 1925 CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33138** ☐ Delete TITLE TITI F PADILLA, HERBERTO NAME STREET ADDRESS 232 NE 27TH STREET APT. 2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33137** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

RE BEQUARED N. Adel

**FILED**