

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P00000055148

**1. Entity Name**  
AP.COM, Inc

<b>Principal Place of Business</b> 4561 West McNab Rd #28 Pompano Beach, FL 33069	<b>Mailing Address</b> 4561 West McNab Rd #28 Pompano Beach, FL 33069
<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 20 PM 1:29

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-1021538	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>	
Eleonora Mijne 4561 West McNab Rd Apt 28 Pompano Beach, FL 33069	
<b>7. Name and Address of New Registered Agent</b>	
Name: Eleonora Mijne	
Street Address (P.O. Box Number is Not Acceptable) 4561 West McNab Rd #28	
City: Pompano Beach	FL Zip Code: 33069
<b>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.</b>	
<b>SIGNATURE</b> [Signature] - Eleonora Mijne	<b>DATE</b> 09 18 01

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ (See criteria on back)

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**FILE NOW!!!! FEE IS \$150.00**  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Havser, Glenn 420 NW 30 Street Boca Raton, FL 33487		D Eleonora Mijne 4561 West McNab Rd #28 Pompano Beach, FL 33069	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D Tejada, Sonia 420 NW 30 Street Boca Raton, FL 33487		600004609766--7 09/25/01-01020-013 *****61.25 *****61.25	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** [Signature] 7/31/2001

CR02034 (11/00)

SP