

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90198 015 \*\*\*150.00  
 05-03-2001 90098 024 \*\*\*150.00

**DOCUMENT # P00000076884**  
 1. Entity Name  
**AAPG, INC.**

Principal Place of Business <b>10940 STAFFORD CIRCLE PALM BEACH FL 33436</b>	Mailing Address <b>10940 STAFFORD CIRCLE PALM BEACH FL 33436</b>
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2. Principal Place of Business	3. Mailing Address <b>520 SE 5th Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>Ft. Lauderdale, FL</b>
Zip	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

4. FEJ Number  
**65-1032867**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

Applied For  
 Not Applicable

7. Name and Address of New Registered Agent  
 Name **Daniel Aaronson**  
 Street Address (P.O. Box Number is Not Acceptable)  
**One Emerald Plaza  
 Suite 1615**  
 City **Ft. Lauderdale** FL Zip Code **33394**

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 *Daniel R Aaronson* DATE 4/25/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD ALTMAN, ALAN 10940 STAFFORD CIRCLE PALM BEACH FL 33436</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ALAN ST. Altman 520 SE 5th Ave Ft. Lauderdale, FL 33301</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Eric Altman 800 Tropic Blvd. Delray Beach FL 33483</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE 4/24/01 954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **524-2888**

CR2E034 (10/00)