

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90316 040 ***550.00

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DOCUMENT # P00000080777
1. Entity Name
APOLLO DEVELOPMENT CORP.



Principal Place of Business
**5 ISLAND AVENUE #11D
MIAMI BEACH FL 33139-1340**

Mailing Address
**5 ISLAND AVENUE #11D
MIAMI BEACH FL 33139-1340**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1344 VAN BUREN ST.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Hollywood FL

4. FEI Number **65-1083731** Applied For Not Applicable

Zip **33019** Country **Broward**

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

6. Name and Address of Current Registered Agent
**HANS, PETER
5 ISLAND AVENUE #11D
MIAMI BEACH FL 33139-1340**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Hans Peter*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

-FILE NOW!!! -FEE IS-\$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD HANS, PETER 5 ISLAND AVENUE #11D MIAMI BEACH FL 33139-1340 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
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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 607, 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: *Hans Peter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)