

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91115 039 \*\*\*150.00

**DOCUMENT #** P00000103420

**1. Entity Name**

AP USA INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

155 OCEAN LANE DRIVE

Suite, Apt. #, etc.

APT. 709

City & State

KEY BISCAVNE, FLORIDA

Zip

33149

Country

USA

**3. Mailing Address**

7925 N.W. 12TH STREET

Suite, Apt. #, etc.

SUITE 318

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

**4. FEI Number**

65-1053245

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**7. Name and Address of Current Registered Agent**

Name

ANGELA MARIA PUERTA

Street Address (P.O. Box Number is Not Acceptable)

155 OCEAN LANE DRIVE APT. 709

City

KEY BISCAVNE

FL

Zip Code

33149

**DO NOT WRITE  
IN THIS SPACE**

**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**

*ANGELA MARIA PUERTA*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/10/02

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

**TITLE** PSTD  
**NAME** ANGELA MARIA PUERTA  
**STREET ADDRESS** 155 OCEAN LANE DRIVE APT.709  
**CITY- ST- ZIP** KEY BISCAVNE, FLORIDA 33149

**TITLE**  
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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*ANGELA MARIA PUERTA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/02

Date

Daytime Phone #

CR2E034B (12/01)