

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90099 014 ***150.00

DOCUMENT # P00000103585**1. Entity Name**
AFX PROPERTIES, INC.**Principal Place of Business**
107 ELDORADO PARKWAY WEST
CAPE CORAL FL 33914**Mailing Address**
107 ELDORADO PARKWAY WEST
CAPE CORAL FL 33914**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1066302

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****FABRINI, JOSEPH**
107 ELDORADO PARKWAY WEST
CAPE CORAL FL 33914

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.**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)☐**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
PD
FABBRINI, KATHLEEN E
107 ELDORADO PARKWAY WEST
CAPE CORAL FL 33914☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
FABBRINI, JOSEPH L
107 ELDORADO PARKWAY WEST
CAPE CORAL FL 33914☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
No changes☐ Change☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
No changes☐ Change☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ 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 supplement thereto 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)