FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2002 8:00 am Secretary of State

APA INVESTMENT GROUP, CORP. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 4779 COLLINS AVENUE 2. 404 4779 COLLINS AVENUE 2. 404 4779 COLLINS AVENUE 3. Mailing Address 4779 COLLINS AVENUE 2. 404 4779 COLLINS AVENUE 3. Mailing Address 4779 COLLINS AVENUE 4. FEI Number 65-10.61.573 Application 75. Applicatio	DOCU 1. Entity N	JMENT# P0000011 Jame	0903	05-07-2002 90220	05-07-2002 90220 049 ***150.00			
DO NOT WRITE IN THIS SPACE 2. Principal Place of Sumess 4.779 COLLINS AVENUE 5.779 COLLINS A	· ·		CORP	\ 1				
2. Prologial Piece of Business (4779 COLLINS AVENUE 4779 COLLINS AVENUE 2404 2404 2404 2404 2404 2404 2404 240			CORF.	9				
2. Prologial Piece of Business (4779 COLLINS AVENUE 4779 COLLINS AVENUE 2404 2404 2404 2404 2404 2404 2404 240								
Applied For		OO NOT WRITE	IN THIS SP	ACE				
Applied For								
Suite, Apt. 8, etc. 2 40 4 24 04 City & State MIAM1 BEACH, FI MIAM1 BEACH, FL 65-1061593 Applied For 105-1061593 Applied Fo	4779 (COLLINS AVENUE	3. Mailing Address	JC 7/7/ENITE				
Coy & State MIAMI BEACH, FL MIAMI BEACH, FL G5-10 615 93 Application of the Country State of Country USA Stat	Suite, A		Suite, Apt. #, etc.	NS AVENUE	- BO NOT WELL IN THE			
MITAMI BEACH, FL 65-1061593 Applicable	City & S	tate				ACE		
Security			MIAMI BEACH	<u> </u>	65-1061593			
DO NOT WRITE State Do Not Write	33140		33140			8.75 Additional		
DO NOT WRITE IN THIS SPACE The above named onlity submits this stutement for the purpose of changing its registered agent, or boils, in the State of Florida. 8. The above named onlity submits this stutement for the purpose of changing its registered agent, or boils, in the State of Florida. 8. SIGNATURE Signature, typed or printed name of registered agent and use of applicable. 9. This corporation is eligible to satisfy its Intemplate (Tark May 1. Fee is \$550.00) Tark filling requirement and elects to do so. Clear criteria on back) 11. OFFICERS AND DIRECTORS 12. DIRECTORS AND DIRECTORS 13. DIRECTORS AND DIRECTORS 14. DIRECTORS AND DIRECTORS 15. DIRECTORS AND DIRECTORS 16. Election Campaign Financing 16. Election Campaign Financing 17. St. 20 DIRECTORS 18. DIRECTORS AND DIRECTORS 19. DI					7. Name and Address of Current Registered	e Required Agent		
IN THIS SPACE City MTAMT		DO-NOTAN	DITE	NORMA	RICHTER			
8. The above named entity aubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or princed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its intengible Tax filling registered agent and title if applicable. 9. This corporation is eligible to satisfy its intengible Tax filling registered agent and title if applicable. 9. This corporation is eligible to satisfy its intengible Tax filling registered agent and title if applicable. 9. This corporation is eligible to satisfy its intengible Tax filling registered agent and title if applicable. 9. This corporation is eligible to satisfy its intengible Tax filling registered agent and title if applicable. 9. This corporation is eligible to satisfy its intengible Tax filling registered agent. 9. This corporation is eligible to Satisfy its intengible Tax filling registered agent and title if applicable. 9. This corporation is eligible to Satisfy its intengible Tax filling registered agent. 9. This corporation is eligible to Satisfy its intengible Tax filling registered agent. 9. This corporation is eligible to Satisfy its intengible Tax filling registered agent. 9. This corporation is eligible to Satisfy its intengible Tax filling registered agent. 9. This corporation is eligible to Satisfy its intengible Tax filling registered agent. 9. This states that the filling registered agent and title if agent and title is a filling registered agent. 9. This states that the intendition of the corporation of the acceleration of the properties and that my signature shall have the same legal effect as if made under oath, that it am appears in Block of the origination of the acceleration to one and text the report as required by Chapter 607, Florida Statutes, and that my name appears in Block of the origination of the corporation of the registered of the title and officer of director of the corporation of the registered of t	Street Address (s (P.O. Box Number is Not Acceptable) OLLINS AVENUE			
SIGNATURE Signature, typed or printed name of registered agent and star displacable. 9. This corporation is eligible to salisfy its intangible Tax filing requirement and elects to do so (See criteria on back) OFFICERS AND DIRECTORS TILE PRESIDENT NORMA RICHTER NORMA STREET ADDRESS 4779 COLLINS AVENUE STREET ADDRESS 7710 SW 103 PLACE STREET ADDRESS STREET		IN THIS SP	ACE					
SIGNATURE Signature, typed or printed name of registered agent and star displacable. 9. This corporation is eligible to salisfy its intangible Tax filing requirement and elects to do so (See criteria on back) OFFICERS AND DIRECTORS TILE PRESIDENT NORMA RICHTER NORMA STREET ADDRESS 4779 COLLINS AVENUE STREET ADDRESS 7710 SW 103 PLACE STREET ADDRESS STREET				City MTAMT		Zip Code		
SIGNATURE	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, typed or printed name of registered agent and title if applicable. (NDTE: Registered Agent algnature required when reinstaling) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) (See criteria on back) OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS TITLE PRESIDENT NORMA RICHTER WARE STREET ADDRESS STREET ADDRESS TITLE VICE PRESIDENT NAME LUIS F. VARCATI NAME LUIS F. VARCATI NAME STREET ADDRESS GTY-ST-2P MIAMI, FL 33173 TITLE NAME STREET ADDRESS GTY-ST-2P TITLE NAME STREET ADDRESS GTY-								
9. This corporation is eligible to satisfy its Intangible Tax Filing requirement and elects to do so [See criteria on back) After May 1; Fee is \$550.00 [See criteria on back) After May 1; Fee is \$550.00 [Amended UBR is \$61.25 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TILE PRESIDENT NORMA RICHTER NO		Construction						
Make Check Payable to Department of State Trust Fund Contribution. Stouth of Forestand Payable to Department of State Trust Fund Contribution. Added to Fees	9. This corp	oration is eligible to satisfy its Intangil	ble January 1 - I	May 1 Fee Is \$150.00				
TILE PRESIDENT NORMA RICHTER STRETADORESS 4779 COLLINS AVENUE - STRETADORESS 5770 ST. 2P . TITLE NAME 1771 ST	(See crite	requirement and elects to do so.						
NAME NORMA RICHTER NAME STREET ADDRESS STREET ADD	11.	OFFICERS AND D	IRECTORS	ne to Department of St	iate	7.4400 10 1 003		
STREET ADDRESS CITY - ST - ZIP MIAMI, FL 33173 TITLE NAME STREET ADDRESS CITY - ST - ZIP ITTLE NAME STREET ADDRESS CITY - ST - ZIP ITTLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP T	l .			TITLE		(F)		
STREET ADDRESS CITY - ST - ZIP MIAMI, FL 33173 TITLE NAME STREET ADDRESS CITY - ST - ZIP ITTLE NAME STREET ADDRESS CITY - ST - ZIP ITTLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP T	_	4779 COLLINS AV	ENUE .	192 to 10 10 20 1821 90 1931 90 19 19 19 19 19 19 19 19 19 19 19 19 19		1 (12		
STREET ADDRESS CITY - ST - ZIP MIAMI, FL 33173 TITLE NAME STREET ADDRESS CITY - ST - ZIP ITTLE NAME STREET ADDRESS CITY - ST - ZIP ITTLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP T		MIAMI, FL 33140		 (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2		034E		
STREET ADDRESS CITY - ST - ZIP MIAMI, FL 33173 TITLE NAME STREET ADDRESS CITY - ST - ZIP ITTLE NAME STREET ADDRESS CITY - ST - ZIP ITTLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP T	NAME			36.00.00.00.00.00.00.00.00.00.00.00.00.00		RZE		
TITLE MAME STREET ADDRESS CITY. ST. ZIP TITLE MAME STREET ADDRESS CITY. ST. ZIP TITLE MAME TITLE MAME STREET ADDRESS CITY. ST. ZIP TITLE MAME STREET ADDRESS LITY. ST. ZIP STREET ADDRESS	STREET ADDRESS					ပ		
NAME STREET ADDRESS CITY: ST: ZIP TITLE NAME STREET ADDRESS CITY: ST: ZIP		MIAMI, FL 33173		CITY - ST - ZIP				
STREET ADDRESS CITY - ST - ZIP NAME NAME STREET ADDRESS CITY - ST - ZIP ITILE NAME STREET ADDRESS CITY - ST - ZIP ITILE NAME STREET ADDRESS CITY - ST - ZIP ITILE NAME STREET ADDRESS CITY - ST - ZIP ITILE NAME STREET ADDRESS CITY - ST - ZIP ITILE NAME STREET ADDRESS CITY - ST - ZIP ITILE NAME STREET ADDRESS CITY - ST - ZIP ITILE NAME STREET ADDRESS CITY - ST - ZIP ITILE NAME STREET ADDRESS CITY - ST - ZIP ITILE NAME STREET ADDRESS CITY - ST - ZIP ITILE NAME STREET ADDRESS CITY - ST - ZIP ITILE NAME STREET ADDRESS CITY - ST - ZIP ITILE NAME STREET ADDRESS CITY - ST - ZIP STREET ADDRESS C	NAME			6 4 4 11 16 4 16 16 16 16 16 16 16 16 16 16 16 16 16				
ITTLE NAME STREET ADDRESS CITY - ST - ZIP ITTLE WME STREET ADDRESS CITY - ST - ZIP ITTLE WME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP ITTLE WME STREET ADDRESS CITY - ST - ZIP ITTLE WME ST	STREET ADDRESS				50 V.S			
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDR	TITLE							
STREET ADDRESS CITY - ST - ZIP TITLE MAME STREET ADDRESS CITY - ST - ZIP TITLE MAME STREET ADDRESS CITY - ST - ZIP TITLE MAME STREET ADDRESS CITY - ST - ZIP TITLE MAME STREET ADDRESS CITY - ST - ZIP TITLE MAME STREET ADDRESS CITY - ST - ZIP 3. 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 appears in Block 11 or on an attachman with an address, with all other like empowered. SIGNATURE: SI	NAME				IN THIS SPACE			
TITLE WAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE WAME STREET ADDRESS CITY - ST - ZIP TITLE WAME STREET ADDRESS CITY - ST - ZIP TITLE WAME STREET ADDRESS CITY - ST - ZIP TITLE WAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP THE WAME STREET ADDRESS CITY - ST - ZIP THE WAME STREET ADDRESS CITY - ST - ZIP THE WAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP STREET ADDRESS CITY - ST	· STREET ADDRESS I CITÝ - ST - ZIP			 355055581990 (Acceptable operation) 				
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 3. 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 appears in Block 11 or on an attachman With an address, with all other like empowered. SIGNATURE: STREET ADDRESS CITY - ST - ZIP STREET ADDRESS STR	TITLE			60000000000000000000000000000000000000				
STREET ADDRESS GITY - ST - ZIP TITLE NAME STREET ADDRESS GITY - ST - ZIP 3. 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 appears in Block 11 or on an attachman with an address, with all other like empowered. SIGNATURE: STREET ADDRESS STREET	NAME STOCET APPRESS							
TITLE NAME TREET ADDRESS STREET ADDRESS STY - ST - ZIP 3. 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 appears in Block 11 or on an attachmen with an address, with all other like empowered. SIGNATURE: SIGNATURE: STREET ADDRESS STREET	CITY - ST - ZIP			Contract to the contract of the first of the				
STREET ADDRESS SITY - ST - ZIP 3. 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 appears in Block 11 or on an attachman with an address, with all other like empowered. SIGNATURE: STREET ADDRESS: CITY: ST: ZIP: STREET ADDRESS: STR	TITLE							
3. 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 appears in Block 11 or on an attachmen with an address, with all other like empowered. SIGNATURE: SIGNATURE:	NAME STREET ADDRESS							
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 attachmen with an address, with all other like empowered. SIGNATURE:	CITY - ST - ZIP			CITY - ST : 7 IP				
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 attachmen with an address, with all other like empowered. SIGNATURE:	13. I hereby cer information	tify that the information supplied with indicated on this report or supplement	this filing does not qualify fo	or the exemption stated i	n Section 119.07(3)(i), Florida Statutes. I further co	ertify that the		
SIGNATURE: Fichler	an officer or	director of the corporation or the reci	Piver or trustee empowered	to evenute this signature	e shall have the same legal effect as if made unde required by Chapter 607, Florida Statutes; and th	r oath; that I am lat my name		
			dudiess, with all other like e	empowered.	·			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	JIGIVAT U		INTED NAME OF SIGNING OF	FICER OR DIRECTOR	Data			