

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90049 009 ***150.00

DOCUMENT # P01000011127

1. Entity Name
APEX CAPITAL CORPORATION

Principal Place of Business

**13040 OLD CUTLER RD
 MIAMI FL 33156**

Mailing Address

**13040 OLD CUTLER RD
 MIAMI FL 33156**

2. Principal Place of Business

1500 SAN REMO AVENUE

3. Mailing Address

1500 SAN REMO AVENUE

Suite, Apt. #, etc.

225

Suite, Apt. #, etc.

225

City & State

CORAL GABLES

City & State

CORAL GABLES

4. FEI Number

45-1136460

Applied For

Not Applicable

Zip

33146

Country

USA

Zip

33146

Country

USA

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

6. Name and Address of Current Registered Agent

**RUBIN, ROBERT D
 13040 OLD CUTLER RD
 MIAMI FL 33156**

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.

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, 2002 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

TITLE ☐ Delete
 NAME **D. M. RUBIN, ROBERT D**
 STREET ADDRESS **13040 OLD CUTLER RD**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
 NAME **D RUBIN, MARCIA A**
 STREET ADDRESS **13040 OLD CUTLER RD**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR, Michele Hanft**
 STREET ADDRESS **3605 CURTIS LANE**
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR, M Jeffrey Hanft**
 STREET ADDRESS **3605 CURTIS LANE**
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

3/8/02

305-665-8784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)