

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91054 022 ***150.00

DOCUMENT # P01000011127

1. Entity Name
APEX CAPITAL CORPORATION



Principal Place of Business
1500 SAN REMO AVE.

#225
MIAMI FL 33146
US

Mailing Address
1500 SAN REMO AVE.

#225
MIAMI FL 33146
US

2. Principal Place of Business

9155 S. DADELAND BLVD

Suite, Apt. #, etc.
1502

City & State
MIAMI, FL

Zip
33156

Country
USA

3. Mailing Address

9155 S. DADELAND BLVD

Suite, Apt. #, etc.
1502

City & State
MIAMI, FL

Zip
33156

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1136460**

Applied For
Not Applicable

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

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

TITLE **D** ☐ Delete
NAME **HANFT, MICHELE**
STREET ADDRESS **3605 CURTIS LANE**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **DM** ☐ Delete
NAME **HANFT, JEFFERY**
STREET ADDRESS **3605 CURTIS LANE**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)