

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90697 008 ***150.00

DOCUMENT # P01000013499

1. Entity Name

APOLLO BROAD BAND CORPORATION

Principal Place of Business

**7000 ISLAND BOULEVARD #1701
 AVENTURA FL 33160**

Mailing Address

**7000 ISLAND BOULEVARD #1701
 AVENTURA FL 33160**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16900 N. Bay Rd.

3. Mailing Address

16900 N. Bay Rd.

Suite, Apt. #, etc.

617

Suite, Apt. #, etc.

617

City & State

Sunny Isles, Florida

City & State

Sunny Isles, Florida

4. FEI Number

65-1073731

Applied For

Not Applicable

Zip

33160

Country

Miami-Dade

Zip

33160

Country

Miami-Dade

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SANCHEZ, CAMILO F

**7000 ISLAND BOULEVARD #1701
 AVENTURA FL 33160**

7. Name and Address of New Registered Agent

Name

Sanchez, Camilo F.

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

16900 N. Bay Rd. # 617

City

Sunny Isles

FL

Zip Code

33160

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 fee 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 **PSD** ☐ Delete
 NAME **SANCHEZ, CAMILO F**
 STREET ADDRESS **7000 ISLAND BOULEVARD #1701**
 CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
 NAME **Sanchez, Camilo F.**
 STREET ADDRESS **16900 N. Bay Rd. # 617**
 CITY-ST-ZIP **Sunny Isles, FL 33160**

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

TITLE ☐ Change ☐ Addition
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date

Daytime Phone #

CR2E034 (9/01)