

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90140 020 ***150.00

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1. Entity
APE, INC.



Principal Place of
514 SOLAR ISLE DR
FORT LAUDERDALE, FL 33301

Mailing
514 SOLAR ISLE DR
FORT LAUDERDALE, FL 33301

80048029

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

02-0550979

Applied For

Not Applicable

5. Certificate of Status

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered

7. Name and Address of Now Registered

SANTANA, ALEXANDRE G
514 SOLAR ISLE DR
FORT LAUDERDALE, FL 33301

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)

DAT
E

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Department of State

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 may Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/S/T ☐ Delete
NAME SANTANA, ALEXANDRE G
STREET ADDRESS 514 SOLAR ISLE DR
CITY - ST - ZIP FORT LAUDERDALE, FL 33301

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

TITLE V/D ☐ Delete
NAME SANTANA, ALEXANDRE G
STREET ADDRESS 514 SOLAR ISLE DR
CITY - ST - ZIP FORT LAUDERDALE, FL 33301

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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 qualified 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: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/2003 (954) 522-6874

Date Daytime Phone #