

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90287 038 ***150.00

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DOCUMENT # P02000074506

1. Entity Name
THE APIA GROUP, INC.



Principal Place of Business
**5701 SUNSET DRIVE
SUITE E-01B
SOUTH MIAMI FL 33143**

Mailing Address
**5701 SUNSET DRIVE
SUITE E-01B
SOUTH MIAMI FL 33143**



2. Principal Place of Business
5701 SUNSET DRIVE

3. Mailing Address
955 SW 2 AVE

Suite, Apt. #, etc.
218

Suite, Apt. #, etc.
602

City & State
SOUTH MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
82-0552962

Applied For
Not Applicable

Zip
33143

Country
USA

Zip
33130

Country
USA

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

6. Name and Address of Current Registered Agent

**PIQUET, ALEXANDRE
955 SW 2ND AVE
#602
MIAMI FL 33130**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PIQUET, ALEXANDRE
955 S.W. 2ND AVE. #602
MIAMI FL 33130

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ANDION, INDYARA
955 S.W. 2ND AVE. #602
MIAMI FL 33130

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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

04/28/03

Date

786 443 9713

Daytime Phone #

CR2E034 (10/02)