


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90115 011 \*\*\*150.00

DOCUMENT # <i>P02000101148</i>	
1. Entity Name <i>APMT ENTERPRISES, INC</i>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>9755 W. Broward Blvd</i>	3. Mailing Address <i>9755 W. Broward Blvd.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <i>Plantation, FL.</i>	City & State <i>Plantation, FL.</i>	4. FEI Number <i>27-0030156</i>	Applied For Not Applicable
Zip <i>33324</i>	Country <i>USA</i>	Zip <i>33324</i>	Country <i>USA</i>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>Audio Parra</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>9755 W. Broward Blvd</i>	
City <i>Plantation</i>	FL Zip Code <i>33324</i>

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 *Audio Parra* *[Signature]* *03/04/03*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's name is required when registering) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PSTD AUDIO PARRA 9755 W. Broward Blvd Plantation, FL. 33324</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Audio Parra* *[Signature]* *03/04/03* (954) 474-9993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)