

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90334 005 \*\*\*163.75

0062757 AV

**DOCUMENT # P02000101476**

1. Entity Name

**A PLUS TECHNOLOGY SOLUTIONS, INC.**



Principal Place of Business  
**9480 INDEPENDENCE ROAD  
MIAMI FL 33157**

Mailing Address  
**9480 INDEPENDENCE ROAD  
MIAMI FL 33157**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**06-1647211**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODD, ALEX**

**9480 INDEPENDENCE ROAD  
MIAMI FL 33157**

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

*x Alex Rodd*

**7/9/03**

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>RODD, ALEX<br>9480 INDEPENDENCE ROAD<br>MIAMI FL 33157 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Dennis Rodd<br>19231 SW 92nd Road<br>Miami, FL 33157 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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

**7/9/03**

**305-235-1038**

Date

Daytime Phone #

CR2E034 (4/03)

*attachment*

A PLUS Technology Solutions, Inc. 9480 Independence Road, Miami, FL 33157 (305) 235-1038

Division of Corporations  
Uniform Business Report Filings  
P.O. BOX 1500  
Tallahassee, FL 32302-1500

*10110192*  
*#P02000101476*

SUBJECT: THIS IS THE FIRST NOTICE I HAVE RECEIVED REGARDING THE  
(UBR) REPORT.

Under the frequently asked questions section attached to the Uniform Business Report question number (1) advises me that by informing you that if I did not receive any prior notice regarding the filing of this report all late fees can be waived.

This letter is to inform you that A PLUS Technology Solutions, Inc. has not received any prior notice for the filing of the UNIFORM BUSINESS REPORT.

I have enclosed the original \$150.00 filing fee plus \$5.00 for the Election Campaign Financing Trust Fund Contribution and \$8.75 For the Certificate of Status.



Alex Rodd  
President  
A PLUS Technology Solutions, Inc.  
DR