


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92211 025 ***150.00

DOCUMENT # P02000120282	
1. Entity Name SSP APTEC INC.	

DO NOT WRITE IN THIS SPACE

11041976

2. Principal Place of Business 4510 Inverrary Blvd.	3. Mailing Address 4510 Inverrary Blvd.
Suite, Apt. #, etc. Suite B-202	Suite, Apt. #, etc. Suite B-202
City & State Fort Lauderdale, FL.	City & State Fort Lauderdale, FL.
Zip 33319	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3886615	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Michael A. Samuda, Esq.	
Street Address (P.O. Box Number is Not Acceptable) Pines Law Center	
269 N. University Drive, Suite E	
City Pembroke Pines	FL Zip Code 33024

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
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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P / M Sandra Palmer-Heart 8861 NW 78th Place 425 Tamarae, Florida, 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roger Blair 827 NW 81 Street Plantation, Florida, 33324	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: **Sandra Palmer-Heart** **04.29.03** **954 742 0552**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)