

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90712 018 \*\*\*150.00

0679448 FP

**DOCUMENT # P36415**

1. Entity Name  
**APM FINANCIAL CORP.**



Principal Place of Business  
**C/O ATLAS PAPER MILLS  
ATTN RP BASTANZURI 3725 E 10TH CT  
HIALEAH FL 33013**

Mailing Address  
**C/O ATLAS PAPER MILLS  
ATTN RP BASTANZURI 3725 E 10TH CT  
HIALEAH FL 33013**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0295896**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANANIA, FRANCIS A ESQUIRE  
ANANIA BANDKLAYDER&BLACKWELL PA  
STE 3300 100 SE 2ND ST  
MIAMI FL 33131**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>D</b>	<b>BASTANZURI, REMBERTO</b>	<b>3725 E 10TH COURT HIALEAH FL</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>VTD</b>	<b>MARTINEZ, HENRY</b>	<b>3725 E 10TH COURT HIALEAH FL</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>VSD</b>	<b>MASTRAPA, RUBEN</b>	<b>3725 E 10TH CT HIALEAH FL</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:**

*Remberto Bastanzuri*  
**Remberto Bastanzuri**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-31-03**

Date

**305-835-8046**

Daytime Phone #

CR2E034 (10/02)