

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000084367

1. Entity Name

APS TRAINING CENTERS, INC.

FILED

May 13, 2000 8:00 am  
Secretary of State

05-13-2000 90005 010 \*\*\*158.75

Principal Place of Business  
15495 EAGLE NEST LANE, #130  
SSTE 130-A  
MIAMI LAKES FL 33014

Mailing Address  
15495 EAGLE NEST LANE, #130  
SSTE 130-A  
MIAMI LAKES FL 33014-2242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0454920

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

GROTTIEB, CHERYL J  
15495 EAGLE NEST LANE, #130  
MIAMI LAKES FL 33014

Name Cheryl Wachtel  
Street Address (P.O. Box Number is Not Acceptable)  
15495 Eagle Nest Lane #130  
City Miami Lakes FL Zip Code 33014

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.

SIGNATURE: Cheryl Wachtel Cheryl Wachtel 4/28/2000  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WACHTEL, SAMUEL	
STREET ADDRESS	15495 EAGLE NEST LANE, #130	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	DPST	<input checked="" type="checkbox"/> Delete
NAME	RROTTLIEH, CHERYL J	
STREET ADDRESS	15495 EAGLE NEST LANE, #130	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Samuel Wachtel	
STREET ADDRESS	15495 Eagle Nest Lane	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheryl Wachtel	
STREET ADDRESS	15495 Eagle Nest Lane	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Samuel Wachtel 4/29/2000 (305) 556-3040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)