

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90036 010 \*\*\*158.75

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DOCUMENT # P93000084367

1. Entity Name

APS TRAINING CENTERS, INC.

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

2. Principal Place of Business

7900 NW 27th Ave

3. Mailing Address

7900 NW 27th Ave

Suite, Apt. #, etc.

77 West Plaza

Suite, Apt. #, etc.

77 West Plaza

City & State

Miami

City & State

Miami

Zip

33147

Country

Dade

Zip

33147

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0454920

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Cheryl Wachtel  
Street Address (P.O. Box Number is Not Acceptable)  
7900 NW 27 Ave  
77 West Plaza  
City MIAMI FL Zip Code 33147

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

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, 2001 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

TITLE DV  
NAME WACHTEL, SAMUEL  
STREET ADDRESS 15495 EAGLE NEST LANE, #130  
CITY-ST-ZIP MIAMI LAKES FL

☐ Delete

TITLE DPST  
NAME RROTTLIEH, CHERYL J  
STREET ADDRESS 15495 EAGLE NEST LANE, #130  
CITY-ST-ZIP MIAMI LAKES FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVS  
NAME Wachtel, Samuel  
STREET ADDRESS 7900 NW 27 Ave, 77 West Plaza  
CITY-ST-ZIP MIAMI, FL 33147

☒ Change ☐ Addition

TITLE DPT  
NAME Wachtel, Cheryl  
STREET ADDRESS 7900 NW 27 Ave, 77 West Plaza  
CITY-ST-ZIP MIAMI, FL 33147

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 empowerments.

SIGNATURE:

Samuel Wachtel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

Date

(305) 693-4220

Daytime Phone #

CR2E034 (10/00)