

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

025393

05-02-2001 90017 006 \*\*\*150.00

**DOCUMENT # P95000037096**

1. Entity Name  
**APEX FINANCIAL SYSTEMS, INC.**

Principal Place of Business <b>1061 W OAKLAND PARK BLVD          SUITE 104          FT LAUDERDALE FL 33311</b>	Mailing Address <b>1061 W OAKLAND PARK BLVD          SUITE 104          FT LAUDERDALE FL 33311</b>
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2. Principal Place of Business <b>3317 NW 10th TERR</b>	3. Mailing Address <b>3317 NW 10th TERR</b>
Suite, Apt. #, etc. <b>409</b>	Suite, Apt. #, etc. <b>409</b>

City & State <b>FT. Lauderdale FL</b>	City & State <b>FT. Lauderdale FL</b>
Zip <b>33309</b>	Zip <b>33309</b>
Country <b>USA</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0591528** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**STEWART, MAURICE  
 6060 NW 44TH WAY  
 COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent  
 Name **MAURICE STEWART**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3689 HUDSON Lane**  
 City **Boynton Beach FL** Zip Code **33436**

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 (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P STEWART, MAURICE 6060 N.W. 44TH WAY COCONUT CREEK FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S STEWART, JANET 6060 N.W. 44TH WAY COCONUT CREEK FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 information.

SIGNATURE: **MAURICE STEWART** **4/26/2001** **(800)330-1616**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)