

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056843

1. Entity Name

THE APELL GROUP, INC.

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90010 030 \*\*\*158.75

Principal Place of Business

3800 SOUTH OCEAN DR. SUITE #235  
HOLLYWOOD FL 33019

Mailing Address

3800 SOUTH OCEAN DR. SUITE #235  
HOLLYWOOD FL 33019

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0619403

Applied For

Not Applicable

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

CIARAMELLA, JOSEPH  
3800 SOUTH OCEAN DR, SUITE #235  
HOLLYWOOD FL 33019

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TD  
NAME APELL, JOSEPH  
STREET ADDRESS 3800 SOUTH OCEAN DR, SUITE #235  
CITY-ST-ZIP HOLLYWOOD FL 33019

☐ Delete

TITLE PD  
NAME APELL, JOSEPH  
STREET ADDRESS 3800 S OCEAN DR  
CITY-ST-ZIP HOLLYWOOD FL

☐ Delete

TITLE VPSD  
NAME APELL, DOROTHY  
STREET ADDRESS 3800 S OCEAN DR  
CITY-ST-ZIP HOLLYWOOD FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)