

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067025

1. Entity Name
APICE, INC.

Principal Place of Business
7601 E TREASURE DR
SUITE 1023
N BAY VILLAGE FL 33141

Mailing Address
7601 E TREASURE DR
SUITE 1023
N BAY VILLAGE FL 33141

2. Principal Place of Business
1012 NE 203rd LN

3. Mailing Address
1012 NE 203rd LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
N. Miami Beach, FL

City & State
N. Miami Beach, FL

Zip
33179

Country
USA

Zip
33179

Country
USA

4. FEI Number
65-0607988

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SOARES, JACQUELINE S
7601 E TREASURE DR
SUITE 1023
N BAY VILLAGE FL 33141

Name
Jacqueline Soares

Street Address (P.O. Box Number is Not Acceptable)
1012 NE 203rd LN

City
N. Miami Beach, FL
Zip Code
33179

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
ALGERI, JULIO C
7601 E TREASURE DR
N BAY VILLAGE FL 33141

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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.

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90006 030 ***150.00

A0063971



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