

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-12-2001 90006 030 ***150.00

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**

A0063971



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1012 NE 203rd LN
Suite, Apt. #, etc.

3. Mailing Address
1012 NE 203rd LN
Suite, Apt. #, etc.

City & State
N. Miami Beach FL

City & State
N. Miami Beach FL

4. FEI Number **65-0607988**

Applied For

Not Applicable

Zip
33179
Country
USA

Zip
33179
Country
USA

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

**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 _____ (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
**VSTD
ALGERI, JULIO C
7601 E TREASURE DR
N BAY VILLAGE FL 33141** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 #