

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90104 021 ***150.00

DOCUMENT # P95000079514

1. Entity Name
RED APPLE OF SOUTH MIAMI, INC.

Principal Place of Business 7283 SOUTHWEST 57TH AVENUE MIAMI FL 33143	Mailing Address 7283 SOUTHWEST 57TH AVENUE MIAMI FL 33143-5309
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number 65-0612756	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent KITCHENS, CLAUDIA C 5191 SW 76 ST MIAMI FL 33143	7. Name and Address of New Registered Agent Name: JAMES M. GRIPPANDO Street Address (P.O. Box Number is Not Acceptable): 4800 N. KENDALL DR City: CORAL GABLES FL Zip Code: 33156
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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: *James M. Grippando* **JAMES M. GRIPPANDO** DATE: **3/20/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	P KITCHENS, CLAUDIA C 5191 SW 76 STREET MIAMI FL 33143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T., Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TIFFANY R. GRIPPANDO 4800 N. KENDALL DR CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T., Director <input type="checkbox"/> Delete TIFFANY R. GRIPPANDO 4800 N. KENDALL DR CORAL GABLES FL 33156	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
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
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
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

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: *Tiffany R. Grippando* **TIFFANY R. GRIPPANDO** DATE: **3/20/00** DAYTIME PHONE #: **305.669.6899**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)