

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082818

1. Entity Name

APEX CONTRACT SYSTEMS, INC.

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90032 010 ***150.00

Principal Place of Business

Mailing Address

4165 NW 132 ST
BAY -L
OPA LOCKA FL 33054
US

4165 NW 132 ST
BAY -L
OPA LOCKA FL 33054-4545
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0621654

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

GORFINKEL, NESTOR N
7 N.W. 2ND STREET
#203
MIAMI FL 33128

Name

Rosenheim, Arthur

Street Address (P.O. Box Number is Not Acceptable)

4165 NW 132 St Bay-L

City

Opa Locka

FL

Zip Code

33054

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

Arthur Rosenheim

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, 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 P
NAME ROSENHEIM, ANDREA
STREET ADDRESS 4165 NW 132 ST -BAY L
CITY-ST-ZIP OPA LOCKA FL

☒ Delete

TITLE VP
NAME ROSENHEIM, ARTHUR
STREET ADDRESS 4165 NW 132 ST -BAY L
CITY-ST-ZIP OPA LOCKA FL

☐ Delete

TITLE
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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 reports 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:

President

Date

Daytime Phone #

CR2E034 (9/99)