

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010320

1. Entity Name

APEXTRADE.COM, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90006 019 \*\*\*158.75

Principal Place of Business

1854 NW 21 ST  
MIAMI FL 33142  
US

Mailing Address

1854 NW 21 ST  
MIAMI FL 33142  
US

2. Principal Place of Business

18555 S.W. 104 Avenue

Suite, Apt. #, etc.

3. Mailing Address

18555 S.W. 104 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0832413

Applied For

Not Applicable

Zip

33157

Country

Zip

33157

Country

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

PILEGGI, VITO  
1854 NW 21 ST  
MIAMI FL 33142

Name

Antonio Duval

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

18555 S.W. 104 Avenue

City

Miami

FL

Zip Code

33157

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 Antonio Duval

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 15, 2000

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 \$350.00**

**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 **PT** ☒ Delete  
NAME **PILEGGI, ROBERT A**  
STREET ADDRESS **1854 NW 21 ST**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **PT & S** ☒ Change ☐ Addition  
NAME **Pileggi, Celestina Q.**  
STREET ADDRESS **18555 S.W. 104 Avenue**  
CITY-ST-ZIP **Miami, FL 33157**

TITLE **S** ☒ Delete  
NAME **PILEGGI, ROCCO**  
STREET ADDRESS **1854 NW 21 ST**  
CITY-ST-ZIP **MIAMI FL 33142**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: Celestina Q. Pileggi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15, 2000

Date

(305)2382244

Daytime Phone #

CP2E034 (9/99)