FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P96000048571** APEX TRANSCRIPTION & ALLIED SERVICES, INC. 04-30-2001 90115 034 \*\*\*150.00 Principal Place of Business Mailing Address 3400 FOXCROFT RD. 6-102 3400 FOXCROFT RD. 6-102 MIRAMAR FL 33025 MIRAMAR EL 33025 R0041316 2. Principal Place of Business 3. Mailing Address 1911 S. W. 19115 W. 148 WAY Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0721583 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 3400 FOXCROFT RD, BLDQ 6 #102 1911 5. W. 148 Way Street Address (P.O. Box Number is Not Acceptable) ADDISON, RICHARD MIRAMAR-FL 33025-MIRAMAA FL33017 Code 3 02 7 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, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ADDISON, RICHARD ADDISON, 1911 S.W. 148 WAY MIRAMAR, FL 33027 CR2E034 (10/00) TITLE ☐ Delete ADDISON, RICHARD A NAME 1911 S.W. 148WY NAME STREET ADDRESS 3400 FOXCROFT RD:, #102 STREET ADDRESS MIRATIAR, MIRAMAR, FL CITY-ST-ZIP CITY-ST-ZiP MIRAMAR FL -TITLE Change Addition 1911 S.W. 148 WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATTAR TiTLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 eath; that I am an efficer 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

ADDISON RICHARD

64-23-01 (305) 652-2005