

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000180

1. Entity Name

DAVID S. APPEL, C.P.A., P.A.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90037 019 ***150.00

Principal Place of Business C/O DAVID S. APPEL . CPA 201 G. BISCAYNE BLVD. STE #2000 MIAMI FL 33131 US	Mailing Address C/O DAVID S. APPEL . CPA 201 G. BISCAYNE BLVD. STE #2000 MIAMI FL 33131-4338 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business ONE SE 3rd AVENUE Suite, Apt. #, etc. 10th Floor City & State Miami, FL FLORIDA Zip 33131 Country DADE	3. Mailing Address One S.E. 3rd Avenue Suite, Apt. #, etc. 10th Floor City & State Miami, FL FLORIDA Zip 33131 Country DADE
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4. FEI Number 65-0722160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent APPEL, DAVID S. ONE SOUTHEAST THIRD AVENUE TENTH FLOOR MIAMI FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
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) <input checked="" type="checkbox"/>	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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT APPEL, DAVID S 1036 SANDALWOOD LANE FT LAUDERDALE FL <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
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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: DATE: 3/6/2000 (305) 377-4008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #