

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90039 041 ***150.00

DOCUMENT # **P97000081903**

1. Entity Name

APPLE PROPERTIES

DO NOT WRITE IN THIS SPACE

427460

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2106 NE 44th Street

Suite, Apt. #, etc.

3. Mailing Address

2106 NE 44th Street

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

33064

Country
USA

City & State

Lighthouse Pt. FL

Zip

33064

Country
USA

4. FEI Number

65-0782232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

NORMA SICOLI

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

2106 NE 44th Street

City

Lighthouse Point

FL

Zip Code

33064

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

3/7/02
DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
PRESIDENT
NAME
NORMA SICOLI
STREET ADDRESS
2106 NE 44th Street
CITY-ST-ZIP
Lighthouse Pt. FL 33064

TITLE
VICE-PRESIDENT
NAME
NORMA MIRANDA
STREET ADDRESS
5295 VENTURA DRIVE
CITY-ST-ZIP
DELRAY BEACH, FL 33484

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

NORMA SICOLI - PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/02
Date

(354) 782-6944
Daytime Phone #

CR2E034B (12/01)