

2000 UNIFORM BUSINESS REPORT (UBR)

4/4/1

DOCUMENT # P97000105985

1. Entity Name

APSIS INC.

Principal Place of Business

Mailing Address

7786 WEST 34TH COURT
HIALEAH FL 33018

7786 WEST 34TH COURT
HIALEAH FL 33018-5013

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

City & State

SAME

Zip

SAME

Country

SAME

Zip

SAME

Country

SAME

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALO, JOSE
7786 WEST 34TH COURT
HIALEAH FL 33018

7. Name and Address of New Registered Agent

Name

SAME

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

SAME

City

SAME

FL

Zip Code

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 is 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BIANCHETTI, EMILIO	
STREET ADDRESS	7786 W 34 CT	
CITY-STATE-ZIP	HIALEAH FL 33018	
TITLE	V	<input type="checkbox"/> Delete
NAME	BIANCHETTI, NORBERTO	
STREET ADDRESS	7786 W 34 CT	
CITY-STATE-ZIP	HIALEAH FL 33018	
TITLE	S	<input type="checkbox"/> Delete
NAME	BIANCHETTI, WALTER	
STREET ADDRESS	7786 W 34 CT	
CITY-STATE-ZIP	HIALEAH FL 33018	
TITLE	T	<input type="checkbox"/> Delete
NAME	BIANCHETTI, PABLO	
STREET ADDRESS	7786 W 34 CT	
CITY-STATE-ZIP	HIALEAH FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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

E. Bianchetti - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-06-00 305-226-0053

CR2E034 (9/99)

FILED
Jun 19, 2000 8:00 am
Secretary of State

04-11-2000 90232 021 ***150.00



DO NOT WRITE IN THIS SPACE