

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90041 030 ***150.00

DOCUMENT # P98000003899

1. Entity Name

APEZ SERVICES, INC.

Principal Place of Business

**4846 N. UNIVERSITY DRIVE
 SUITE 146
 LAUDERHILL FL 33351**

Mailing Address

**4846 N. UNIVERSITY DRIVE
 SUITE 146
 LAUDERHILL FL 33351**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0803924

Applied For

Not Applicable

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

PEZZELLA, ALBERT

4846 N. UNIVERSITY DRIVE

SUITE 146

LAUDERHILL FL 33351

Name

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

City

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 title if 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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **PEZZELLA, ALBERT**
 CITY-ST-ZIP **9502 NW 46TH STREET
 SUNRISE FL 33351**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PEZZELLA, CHERYL**
 CITY-ST-ZIP **9502 NW 46TH STREET
 SUNRISE FL 33351**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0070505
 AV

CR2E034 (5/01)



DO NOT WRITE IN THIS SPACE

Attachment # PA8000003899

C6073971

Division Of Corporations Uniform Business Report Filing

Apery Services Inc. did not get the
first statement. I Cheryl Repella
has been in and out of town. My
mother in P.A. is very sick. The mail
carrier has been holding my mail -
from time to time. Please help us
I always pay my bills. Thank You

Very much
Apery Services
Cheryl Repella