

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004938

1. Entity Name
THE APPLE CRATE, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90092 016 ***150.00

Principal Place of Business
5247 10TH AVENUE
GREEN ACRES FL 33463

Mailing Address
5247 10TH AVENUE
GREEN ACRES FL 33463

2. Principal Place of Business

3. Mailing Address

453 Perry Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Greenacres

Zip

Country

Zip

Country

FL

Country

2

4. FEI Number

NOT APPLICABLE

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name Kim Black
Street Address (P.O. Box Number is Not Acceptable)
453 Perry Ave
Greenacres
City FL Zip Code 33463

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 * Kim Black

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 13, 2000 Min. 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 PSD ☐ Delete
NAME BLACK, KIM
STREET ADDRESS 5247 10TH AVENUE
CITY-ST-ZIP GREEN ACRES FL 33463

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

KIM BLACK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
P98000004938
A0071931
The Apple Crate, Inc.
453 Perry Ave
Greenacres, FL 33463

July 31, 00

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Document # P98000004938

To Whom It May Concern:

We are in receipt of the 2000 Uniform Business Report. This is the first report we have received. Please note the address is incorrect on the report and the registered agent has changed. We respectfully request that you accept our check for \$150.00 to cover the 2000 filing fees. We do not understand why we did not receive the first notice.

Thank your for your consideration in this matter.

Sincerely Yours,



Kim Black
The Apple Crate, Inc.
President