

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90010 007 ***150.00

DOCUMENT # P98000009585

1. Entity Name

APP ENTERPRISE SOLUTIONS INC.

Principal Place of Business

5650 PACIFIC BLVD
 #1121
 BOCA RATON FL 33433

Mailing Address

5650 PACIFIC BLVD
 #1121
 BOCA RATON FL 33433

2. Principal Place of Business

22413 SW 66th Ave

3. Mailing Address

22413 SW 66th Ave

Suite, Apt. #, etc.

604

Suite, Apt. #, etc.

604

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33428

Country

USA

Zip

33428

Country

USA

4. FEI Number

65-0819343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATIL, ARVIND P
5650 PACIFIC BLVD
#1121
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name **PATIL, ARVIND P.**
 Street Address (P.O. Box Number is Not Acceptable)
22413 SW 66th Ave, # 604
 City **Boca Raton** FL Zip Code **33428**

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

APPatil

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

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, 2001 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**
 NAME **PATEL, ARRIND P** - Spelling mistake ☒ Delete
 STREET ADDRESS **5650 PACIFIC BLVD #1121**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President**
 NAME **PATIL, ARVIND P.** ☒ Change ☐ Addition
 STREET ADDRESS **22413 SW 66th Ave, # 604**
 CITY-ST-ZIP **Boca Raton, FL 33428**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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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:

APPatil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01

0305187

CR2E034 (10/00)