

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011745

1. Entity Name

AFFORDABLE PROPERTY MANAGEMENT, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91126 039 \*\*\*150.00

0417573

Principal Place of Business

261 S. TAMiami TRAIL  
NOKOMIS FL 34275

Mailing Address

261 S. TAMiami TRAIL  
NOKOMIS FL 34275

DUU40550



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0812022

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FRIEDLAND, RALPH L ESQ.  
2033 MAIN STREET  
SUITE 100  
SARASOTA FL 34237

Name Rod Khlief

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

1531 S. TAMiami #703

City Venice

FL

Zip Code 34292

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]* Rod Khlief

4-30-01

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KHLIEF, ROD	
STREET ADDRESS	8320 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	KHLIEF, MEILIN	
STREET ADDRESS	8320 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-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-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:

ROD KHLIEF

4-27-01

941 497 4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)