

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90009 022 ***558.75

0070480 AV

DOCUMENT # P98000012522

1. Entity Name

APPLE AIRCRAFT PARTS, INC.

Principal Place of Business

**NORTH PERRY AIRPORT
 7501 PEMBROKE RD. #15
 PEMBROKE PINES FL 33023**

Mailing Address

**NORTH PERRY AIRPORT
 7501 PEMBROKE RD. #15
 PEMBROKE PINES FL 33023**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10115 NW 46th ST

Suite, Apt. #, etc.

3. Mailing Address

10115 NW 46th ST

Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

Sunrise FL

4. FEI Number

65-0813088

Applied For

Not Applicable

Zip

33051

Country

USA

Zip

33051

Country

33051

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

1840 Coral Way

4th Floor

City

Miami

FL

Zip Code

33145

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

TITLE **PSTD** ☐ Delete
 NAME **TROPP, LOUISE C**
 STREET ADDRESS **7501 PEMBROKE RD., #15**
 CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **10115 NW 46th St.**
 CITY-ST-ZIP **Sunrise, FL 33351**

TITLE ☐ Change ☐ Addition
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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:

Louise C. Tropp
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louise C. Tropp **07/18/01** **578-5523**
 Date Daytime Phone #

CR2E034 (5/01)