## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000030431



## **FILED** Jan 16, 2003 8:00 am Secretary of State

| AME API  | me<br>PLIANCES SERVICES, INC   | <b>)</b> .   |  | 01-16-2003 90161 047   | ***150.00                       |
|--|--|--|--|--|---------------------------------|
| Principal Place of Business<br>9861 SW 48TH STREET<br>MIAMI FL 33165 |  | Mailing Address<br>9861 SW 48TH STRE<br>MIAMI FL 33165 | EET  | A STATE OF THE STA | Hat darke dedak katal etge edde |
| 2. Principal   | Place of Business  | 3. Mailing Address                                     |  |  |                                 |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                                    |  | ☐ CHECK HERE IF MAKING CHANGES   |                                 |
| City & State   |  | City & State   |  | 4. FEI Number 65-0824305 Applied For Not Applicable  |                                 |
| Zip Country  |  | Zip  | Country  | 5. Certificate of Status Desired S8.75 Additional Fee Required   |                                 |
|  | 6. Name and Address of Curre   | t Registered Agent                                     |  | 7. Name and Address of New Registered Agent  |                                 |
| ~ 9861 SW  | MANUEL<br>48TH STREET  |  | Name<br>Street Addre   | ss (P.O. Box Number is Not Acceptable)   | ·                               |
| MIAMI FL 33165   |  |  | City   |  | Zip Code                        |
| O Th   |  | <u> </u>   | -  | FL<br>stered agent, or both, in the State of Florida. I am far   | ,                               |
| After<br>Make Check  | Signature, typed or printed name of registered age ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 x Payable to Florida Department | of State   | (NOTE: Registered Agent signature req                                | 9. Election Campaign Financing Trust Fund Contribution.  | \$5.00 May Be<br>Added to Fees  |
| 10.  | OFFICERS AN  | D DIRECTORS  | 11.  | ADDITIONS/CHANGES TO OFFICERS AND D  | IRECTORS IN 11                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                | D<br>REGOJO, MANUEL<br>9861 SW 48TH STREET<br>MIAMI FL 33165   | □ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                |  | Change Addition                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                |  | ☐ Defete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                |  | Change Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                |  | Change Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | * * · · · · · · · · · · · · · · · · · ·  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                | The same of the sa | Change Addition                 |
| IITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                | C  | Change Addition                 |
| ITILE IAME STREET ADDRESS CITY-ST-ZIP  12. I hereby ce               | ertify that the information supplied wit   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  for the exemption stated in 3 | Section 119.07(3)(i), Florida Statutes. I further certify  | Change Addition                 |

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 changed, or on an attachment with an access, with all other like inpowered.

SIGNATURE: