

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P980000 34488** ✓

1. Entity Name
AppleTree Financial network Inc. ✓

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90310 046 ***150.00

Principal Place of Business Mailing Address
2619 W 8th ←
Hialeah FL 33012

13266

2. Principal Place of Business 3. Mailing Address
same as above

City & State Zip Country
FL 33012

4. FEI Number **650839240**
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Warte & Ariz P.A.
95 Merrick way Suite 514
Coral Gables, FL 33134

7. Name and Address of New Registered Agent
Hialeah Legal Center
4160 W 16th Ave #502
Hialeah FL 33012

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 **Pedro Ariz Attorney**
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP
President
Martha B. Varg
2619 W 8th
Hialeah, FL 33012

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition

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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00 305-944-6502
Date Daytime Phone #

CR2E034 (9/99)