

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069080

1. Entity Name
AMERICAN PROGRAMMING SYSTEMS CORPORATION

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90022 014 ***150.00

Principal Place of Business
 5213 NW 74TH AVE
 MIAMI FL 33166

Mailing Address
 5213 NW 74TH AVE
 MIAMI FL 33166



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 **65-0874901**

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

QUEVEDO, RODRIGO
5213 NW 74TH AVE
MIAMI FL 33166

Name

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

City

FL

Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D QUEVEDO, RODRIGO**
 STREET ADDRESS **5213 NW 74TH AVE**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07 / 7 / 00 (305) 592-0001
Date Daytime Phone #

Rodrigo Quevedo, President.

CF 004-0001

ATTACHMENT
P98000069050
0072416

American Programming Systems
5213 N.W. 74th Avenue, Miami, Florida 33166
Phone: (305) 592-0001 Fax: (305) 592-5005
E-mail: sales@americanwagner.com expor@americanwagner.com
Web Site: www.americanwagner.com

7/12/00

To Whom It May Concern:

We never received the Uniform Business Report for the year 2000,
therefore we requested from your office an additional blank form to
fill out and we are returning with a check of \$150.00

We never received your initial report.

Sincerely,


Robert Gentilini
General Manager