

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087468

1. Entity Name

APOLLO FINANCE AND LEASING, INC.

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90022 026 ***150.00

Principal Place of Business

7819 N.W. 15TH ST.

MIAMI FL 33126

Mailing Address

7819 N.W. 15TH ST.

MIAMI FL 33126

2. Principal Place of Business

8300 W Flagler St.

Suite, Apt. #, etc.

Suite 114

City & State

Miami, Florida

Zip

33144

Country

U.S.A.

3. Mailing Address

8300 W Flagler St

Suite, Apt. #, etc.

Suite 114

City & State

Miami, Florida

Zip

33144

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0880714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VELEZ, GABRIEL R S

7819 NW 15TH STREET

MIAMI FL 33126

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

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, 2002 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 ☐ Delete
NAME D
STREET ADDRESS Saldarriaga, Gabriel R
CITY-ST-ZIP 7819 N.W. 15TH ST.
MIAMI FL 33126

TITLE ☐ Delete
NAME D
STREET ADDRESS Saldarriaga, Orlando V
CITY-ST-ZIP 7819 N.W. 15TH ST.
MIAMI FL 33126

TITLE ☐ Delete
NAME D
STREET ADDRESS Gomez, Francisco J
CITY-ST-ZIP 7819 N.W. 15TH ST.
MIAMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

SIG Gabriel R Saldarriaga

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/02

Date

305-2263387

Daytime Phone #

CR2E034 (9/01)