

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000013801**

1. Entity Name

APM INTERNATIONAL CORPORATION**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90045 001 ***150.00

02104

Principal Place of Business 8180 NW 36 STREET, STE. 100 MIAMI FL 33166	Mailing Address 8180 NW 36 STREET, STE. 100 MIAMI FL 33166
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2. Principal Place of Business 8180 N.W. 36 ST. Suite, Apt. #, etc. STE. 230	3. Mailing Address 8180 N.W. 36 ST. Suite, Apt. #, etc. STE. 230
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City & State MIAMI FL	City & State MIAMI, FL
Zip 33166	Zip 33166
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0897499	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GONZALEZ, EDUARDO S 8180 NW 36 STREET, STE. 100 MIAMI FL 33166

7. Name and Address of New Registered Agent Name EDUARDO S. GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 8180 N.W. 36 ST. STE. 230 City MIAMI FL Zip Code 33166

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) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P PAOLUCCI, MAURICIO 8180 NW 36TH STREET STE 100 MIAMI FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P, D MAURICIO PAOLUCCI 8180 N.W. 36 ST, STE. 230 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *X* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4-27-01 (303) 477-7447
Date Daytime Phone #

CR2E034 (10/00)