

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90099 028 ***150.00

DOCUMENT # P99000023084

1. Entity Name

APPLEBEE REALTY & ASSOCIATES, INC.

Principal Place of Business

**4215 WEST 16TH AVENUE
HIALEAH FL 33012**

Mailing Address

**4215 WEST 16TH AVENUE
HIALEAH FL 33012**

2. Principal Place of Business

5777 NW 151th Street

3. Mailing Address

5777 NW 151th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

4. FEI Number

65-0951268

Applied For

Not Applicable

Zip

Country

33014

Miami-Dade

Zip

Country

33014

Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VEGA, ORLANDO

**4215 WEST 16TH AVENUE
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name

Orlando VEGA

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

5777 NW 151th Street

City

Miami Lakes

FL

Zip Code

33014

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.

Orlando VEGA President

1-10-02

(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 **PD** ☐ Delete
NAME **VEGA, ORLANDO**
STREET ADDRESS **4215 WEST 16TH AVENUE**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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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
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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:

Orlando VEGA President

1-10-02

(305) 362-6030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)