

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED

Jun 05, 2000 8:00 am  
Secretary of State

05-12-2000 90046 018 \*\*\*158.75

DOCUMENT # P99000024571

1. Entity Name

APS TECHNOLOGIES, INC.

Principal Place of Business

530 WEST 84TH STREET  
HIALEAH FL 33014

Mailing Address

630 WEST 84TH STREET  
HIALEAH FL 33014-3617

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0984109

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AGRAWAL, SUKRIT  
630 WEST 84TH STREET  
HIALEAH FL 33014

7. Name and Address of New Registered Agent

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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	AGRAWAL, AKHIL	
STREET ADDRESS	630 WEST 84TH STREET	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGRAWAL, SUKRIT	
STREET ADDRESS	630 WEST 84TH STREET	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	<del>AGRAWAL, SUKRIT</del>	<input type="checkbox"/> Delete
NAME	<del>AGRAWAL, SUKRIT</del>	
STREET ADDRESS	<del>630 WEST 84TH STREET</del>	
CITY-ST-ZIP	<del>HIALEAH FL 33014</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGRAWAL, AKHIL	
STREET ADDRESS	1625 EAGLE BLVD	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	D, IT'S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGRAWAL, SUKRIT	
STREET ADDRESS	6301 COLLINS AVENUE, APT # 2303	
CITY-ST-ZIP	MIAMI BEACH, FL 33130	
TITLE	<del>AGRAWAL, SUKRIT</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>AGRAWAL, SUKRIT</del>	
STREET ADDRESS	<del>630 WEST 84TH STREET</del>	
CITY-ST-ZIP	<del>HIALEAH FL 33014</del>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00

Date

305-362-0333

Daytime Phone #

CR2E034 (9/99)