REVISION

2004 UNIFORM BUSINESS REPORT (UBR)

6/2/20

DOCUMENT # P99000041545

1. Entity Name

APEX ENTERPRISES OF MIAMI, INC.

FILED

04 AUG 17 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
640 N W 36 COURT STE D MIAMI FL 33125	640 N W 36 COURT STE D MIAMI FL 33125

06|02|04 90001013 $150
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0926733 ☐ Applied For ☐ Not Applicable

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
[illegible] [illegible] 36TH COURT, SUITE D MIAMI FL [illegible]	Name: RUBIO, Carlos B., Street Address (P.O. Box Number is Not Acceptable): 718 El Dorado City: WEST PALM BEACH FL Zip Code: 33408

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's 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 $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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD RODRIGUEZ-MAY, MIGUEL I 640 NW 36TH CT., STE D MIAMI FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D KRITZLER, NICOLAS 3370 Hidden Bay Dr. # 1404 Aventura, FL. 33180-2416 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D RODRIGUEZ, DIANA 640 NW 36TH CT., SUITE D MIAMI FL 33125 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRITZLER, RONALD 19195 NE 36th. Ct. # 503 Aventura, FL 33180-4504 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORENO, EDUARDO 640 NW 36th CT., STE D MIAMI FL ☐ Delete Change	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D MORENO, MEDUARDO 640 NW 36th. Ct. # D Miami, Fl. ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRITZLER, NICOLAS 640 NW 36TH CT, STE D MIAMI FL ☐ Delete change	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RUBIO, CARLOS 640 NW 36TH CT, STE D MIAMI FL ☒ Delete change	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D RUBIO, CARLOS B. 718 El Dorado West Palm Beach, Fl. ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V S RODRIGUEZ-MAY, MIGUEL I 640 NW 36TH CT, STE MIAMI FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 8/8/17

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 1. or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 8/3/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date