

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044727

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90123 005 ***150.00

1. Entity Name
APEXTEL, CORP.

Principal Place of Business

Mailing Address

19622 N.W. 79 PLACE
MIAMI FL 33015

19622 N.W. 79 PLACE
MIAMI FL 33015-6339

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

65-0935802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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	SD	<input type="checkbox"/> Delete
NAME	RIVERO, JESUS A	
STREET ADDRESS	19622 N.W. 79 PLACE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAUTISTA, SOL F.	
STREET ADDRESS	19622 N.W. 79 PLACE	
CITY-ST-ZIP	MIAMI FL 33015	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000

Date

(305) 829 0556

Daytime Phone #

CR2E034 (9/99)