

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000062943**

1. Entity Name

AMERICAN PROBE CORP.**FILED**
Aug 03, 2000 8:00 am
Secretary of State

03-03-2000 90041 030 ***150.00

Principal Place of Business

8095 NW 64 ST.
MIAMI FL 33014-1397

Mailing Address

8095 NW 64 ST.
MIAMI FL 33014-1397

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

65-0943833

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, DENNIS B -
20801 BISCAYNE BLVD. STE. 304
AVENTURA FL 33180

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DP			
	AMPEL, STUART	8095 NW 64 ST.	MIAMI FL 33014-1397	
	DV			
	BONAVIA, NEAL	8095 NW 64 ST.	MIAMI FL 33014-1397	
	DST			
	WESTBERRY, MARGIE	8095 NW 64 ST.	MIAMI FL 33014-1397	

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:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P990000062943

1. Entity Name
AMERICAN PROBE CORP.

Attachment to

19221

Principal Place of Business Mailing Address

8095 NW 64 ST.
MIAMI FL 33014-1397

8095 NW 64 ST.
MIAMI FL 33166-2747

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
65-0943833

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FREEMAN, DENNIS B
20801 BISCAYNE BLVD. STE. 304
AVENTURA FL 33180

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

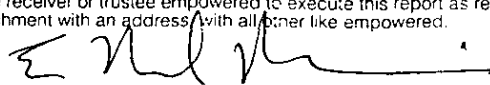
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMPEL, STUART		NAME		
STREET ADDRESS	8095 NW 64 ST.		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI FL 33014-1397		CITY-STATE-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONAVIA, NEAL		NAME		
STREET ADDRESS	8095 NW 64 ST.		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI FL 33014-1397		CITY-STATE-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTBERRY, MARGIE		NAME		
STREET ADDRESS	8095 NW 64 ST.		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI FL 33014-1397		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

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:  11/17/00 305 591-7530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20004 (0/00)

PB A Ampel Probe Corp
AMERICAN PROBE CORP

8095 N.W. 64 ST
MIAMI, FL 33166-2747

08-99

00024971

1032

DATE 2-17-2000

63-27/631 FL
993

PAY
TO THE
ORDER OF

Department of State

\$ 150.00

ONE Hundred Fifty

%

DOLLARS

NationsBank

NationsBank, N.A.

ACH R/T 003100277

FOR Document # P99000062943

[Signature]

00010320 0063100277 003660905173

00000015000

Attachment

Doc # P99000062943

19221

ENCLOSURE

DEPARTMENT OF STATE

FOR DEPOSIT ONLY

DO NOT WRITE BEYOND THIS LINE
ACCOUNT # 1009068796 SE

FEB 22 2000

2315 52920

NATIONS BANK JAX 03/08/00
0630000474 E0269 01 P01

594674877

LOOK FOR MICRO PRINT SIGNATURE LINE ON FRONT AND THE
IMAGESafe 1500 IN A LIGHT GRAY TONE ON BACK OF
DOCUMENT