

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074180

1. Entity Name  
AP WHOLESALE, INC.



Principal Place of Business  
5150 SW 48TH WAY #610  
DAVIE, FL 33314

Mailing Address  
5150 SW 48TH WAY #610  
DAVIE, FL 33314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06-30-03 90063 046 \$150.00



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0942299

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

FARRO, PATSY M  
5150 SW 48TH WAY #610  
DAVIE, FL 33314

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW!!! FEE IS \$160.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
FARRO, PATSY M  
5150 SW 48TH WAY #610  
DAVIE, FL 33314 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PS  
FARRO, ESTHER  
5150 SW 48TH WAY #610  
DAVIE, FL 33314 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: #

*Esther Farro* (Pres.)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/03

Date

954-584  
4171

Daytime Phone #

pg 1 of 2

FILED

03 JUL 17 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034 (10/02)

Attachment

80107984 Pg. 2 of 2  
#P99000074180

5150 S.W. 48<sup>TH</sup> WAY DAVIE, FL 954-584-4171 FAX 954-584-5559  
E-MAIL ADDRESS: atpac@bellsouth.net

**ATLANTIC-PACIFIC  
WHOLESALE, INC**

# MEMO

**To:** FLORIDA DEPT. OF STATE

**From:** CONNIE RODGERS / AP WHOLESALE

**Fax:**

**Pages:** 2

**Phone:**

**Date:** -- June 26, 2003 --

**Re:** UBR

**CC:**

☐ Urgent    ☐ For Review    ☐ Please Comment    ☐ Please Reply    ☐ Please Recycle

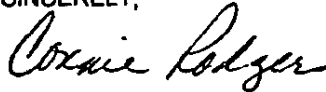
• **Comments:** -

I CALLED YOUR OFFICE TO FIND OUT WHY WE HAD NOT RECEIVED OUR CANCELLED CHECK. I WAS TOLD THAT THERE WASN'T ANY RECORD OF RECEIPT OR RETURN.

I HAD ORIGINALLY MADE A COPY OF THE UBR FORM WITH THE CHECK. I WAS TOLD TO MAIL THE COPY I HAVE WITH THIS EXPLANATION AND ISSUE A NEW CHECK FOR \$150.00.

ENCLOSED PLEASE FIND COPY OF ORIGINAL ALONG WITH A NEW CHECK.

SINCERELY,



CONNIE RODGERS - COMPTROLLER

A P WHOLESALE, INC.