

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90413 022 ***150.00

DOCUMENT # P99000079161

1. Entity Name

APZ CREATIONS, INC.

Principal Place of Business

261 S.W. 192ND TERR.
 PEMBROKE PINES FL 33029

Mailing Address

261 S.W. 192ND TERR.
 PEMBROKE PINES FL 33029

2. Principal Place of Business

261 SW 192 TERR

Suite, Apt. #, etc.

PEMBROKE PINES

City & State

FL

3. Mailing Address

261 SW 192 TERR

Suite, Apt. #, etc.

PEMBROKE PINES

City & State

FL

Zip

33029

Country

USA

Zip

33029

Country

USA

6. Name and Address of Current Registered Agent

PEREZ, ARMANDO

261 S.W. 192ND TERR.

PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name

PEREZ, ARMANDO

Street Address (P.O. Box Number is Not Acceptable)

261 SW 192 TERR.

PEMBROKE PINES FL 33029

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

Armando Perez

ARMANDO PEREZ, PRESIDENT

5/1/01

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, 2001 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 **VP** ☐ Delete
 NAME **PEREZ, LAURA**
 STREET ADDRESS **261 S.W. 192ND TERR.**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
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 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)(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:

Armando Perez **ARMANDO PEREZ**

5-1-01

954-704-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)