

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90074 027 ***158.75

DOCUMENT # P99000088886

1. Entity Name
AMERICAN PARCEL SERVICES, CORP.

Principal Place of Business
14211 S.W. 88TH STREET, SUITE E-205
MIAMI FL 33186 (Change)

Mailing Address
14211 S.W. 88TH STREET, SUITE E-205
MIAMI FL 33186 (Change)



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1151 POST LAKE PL

3. Mailing Address
1151 POST LAKE PL

Suite, Apt. #, etc.
SUITE 203

Suite, Apt. #, etc.
SUITE 203

City & State
APOPKA FL

City & State
APOPKA FL

4. FEI Number **65-0976921**

Applied For
 Not Applicable

Zip **32703** Country **USA**

Zip **32703** Country **USA**

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

MURCIA, MARIA CONSUELO C
14211 S.W. 88TH STREET, SUITE E-205
MIAMI FL 33186

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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 **PTD**
 NAME **MURCIA, MARIA CONSUELO C** ☒ Delete - NO
 STREET ADDRESS **14211 S.W. 88TH STREET, SUITE E-205** ☒ Address change
 CITY-ST-ZIP **MIAMI FL 33186** ☒ SUITE 203

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

TITLE **VSD**
 NAME **MURCIA, GEORGE** ☒ Delete - YES
 STREET ADDRESS **14211 S.W. 88TH STREET, SUITE E-205** ☒ Address change
 CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE **MURCIA MARIA CONSUELO C** ☐ Delete
 NAME **MURCIA MARIA CONSUELO C**
 STREET ADDRESS **1151 POST LAKE PL SUITE 203**
 CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE _____ ☐ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE _____ ☐ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE _____ ☐ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
 NAME _____
 STREET ADDRESS _____
 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: Maria Consuelo Murcia
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02
 Date

Daytime Phone #

CR2E034 (9/01)