

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000099281

1. Entity Name

ADVANCED PROPERTY SERVICES, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90050 002 ***150.00

Principal Place of Business	Mailing Address
160 NORTHWEST 176TH STREET SUITE 302 MIAMI FL 33169	160 NORTHWEST 176TH STREET SUITE 302 MIAMI FL 33169-5023



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2331 NORTH STATE ROAD 7 Suite, Apt. # 224B City & State LAUDERHILL FL Zip 33313 Country USA	2331 NORTH STATE ROAD 7 Suite, Apt. # 224B City & State LAUDERHILL FL Zip 33313 Country USA

4. FEI Number	65-0960748	Applied For
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name	ADVANCED PROPERTY SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable)	2331 NORTH STATE ROAD 7 SUITE 224B
City	LAUDERHILL FL
Zip Code	33313

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	<i>Sh Davis</i>	<i>Edith B. Milner</i>	2-24-00
	(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	PSTD	<input checked="" type="checkbox"/> Delete
NAME	MILNER, EDITH B	
STREET ADDRESS	18100 WEST DIXIE HWY	
CITY-ST-ZIP	MIAMI FL 33160	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDITH B MILNER	
STREET ADDRESS	2331 NORTH STATE ROAD 7 SUITE 224B	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLENN A. DAVIS	
STREET ADDRESS	2331 NORTH STATE ROAD 7 SUITE 224B	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:	<i>Sh Davis</i>	<i>Edith B. Milner</i>	2-24-00
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE
			Daytime Phone #

CR2E034 (9/99)