

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S07375

1. Entity Name  
APPS, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90369 016 \*\*\*150.00

Principal Place of Business

4626 N. FEDERAL HWY.  
LIGHTHOUSE POINT FL 33064

Mailing Address

4626 N. FEDERAL HWY.  
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business  
23291 LA VIDA WAY

Suite, Apt. #, etc.

3. Mailing Address  
23291 LA VIDA WAY

Suite, Apt. #, etc.

City & State  
BOCA RATON, FLORIDA

Zip  
33433

Country  
PALM BEACH

City & State  
BOCA RATON, FLORIDA

Zip  
33433

Country  
PALM BEACH

4. FEI Number 65-0225327

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LAPIERRE, REJEAN  
7800 W. OAKLAND PARK BLVD.  
BLDG. G  
SUNRISE FL 33351

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 \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
ALTVATTER, PAMELA  
1630 S.E. 5TH COURT  
DEERFIELD BEACH FL 33441 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
ALTVATTER, PHILIPPE  
1630 SE 5TH COURT  
DEERFIELD BCH FL 33441 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
ALTVATTER, PAMELA  
23291 LA VIDA WAY  
BOCA RATON, FLORIDA 33433 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
ALTVATTER, PHILIPPE  
23291 LA VIDA WAY  
BOCA RATON, FL 33433 ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 (561) 750-9160

Date

Daytime Phone #

CR2E034 (10/00)