

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91765 024 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S64862			
1. Entity Name A.P.B. ENTERPRISES, INC.			
Principal Place of Business 4050 SW 128TH AVE MIRAMAR, FL 33027		Mailing Address 4050 SW 128TH AVE MIRAMAR, FL 33027	
2. Principal Place of Business 3001 SO OCEAN DRIVE Suite, Apt. #, etc. 10 F City & State HOLLYWOOD FL Zip 33019 Country USA		3. Mailing Address 3001 SO. OCEAN DRIVE Suite, Apt. #, etc. 10 F City & State HOLLYWOOD FL Zip 33019 Country USA	
		4. FEI Number 65-0274855	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARADIS, PIERRETTE 4050 SW 128TH AVE MIRAMAR, FL 33027		7. Name and Address of New Registered Agent Name 3001 SO OCEAN DRIVE 10 F City HOLLYWOOD FL Zip Code 33019	
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 <u>Pierrette Paradis</u> PIERRETTE PARADIS 5-1-03 (NOTE: Registered Agent signature required when addressing)			
FILE NOW!!! FEE IS \$150.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARADIS, ALAIN 4050 SW 128TH AVE MIRAMAR, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAIN PARADIS 3001 SO. OCEAN DRIVE 10 F HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARADIS, PIERRETTE 4050 SW 128TH AVE MIRAMAR, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIERRETTE PARADIS 3001 SO. OCEAN DR. 10 F HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
-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: <u>Pierrette Paradis</u> PIERRETTE PARADIS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

90128476



☒ CHECK HERE IF MAKING CHANGES

CFR2034 (10/02)