2001 UNIFORM BUSINESS REPORT (UBR)

10P 007552 AV

DOCUMENT # P00000100500

1. Entity Name
A.D.S. IMPORTS, INC.

APPROVED AND FILED
01 OCT 22 AM 11:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
2500 N. MILITARY TRAIL STE 205 BOCA RATON FL 33431	2500 N. MILITARY TRAIL STE 205 BOCA RATON FL 33431

2. Principal Place of Business	3. Mailing Address
100 E. LINTON BLVD #141A	100 E. LINTON BLVD
Suite, Apt. #, etc.: 141 A	Suite, Apt. #, etc.: #141A.
City & State: DELRAY BEACH	City & State: DELRAY BEACH
Zip: 33483 Country: Palm Beach	Zip: 33483 Country: Palm Beach

CP DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1055914 ☐ Applied For ☐ Not Applicable

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
SCHOCHET, STEPHEN L ESQ 2500 N. MILITARY TRAIL STE 205 BOCA RATON FL 33431	Name: ~~FEE EXAMINER~~ CHAIM TUBERO Street Address (P.O. Box Number is Not Acceptable): 100 E. LINTON BLVD #141A City: DELRAY FL Zip Code: 33483

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 CHAIM TUBERO 9-26-01
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 $550.00
After September 12, 2001 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D TUBERO, CHAIM 2500 N. MILITARY TRAIL STE 205 BOCA RATON FL 33431	☐ Delete	D CHAIM TUBERO 100 E. LINTON BLVD #141A DELRAY FL 33483	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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****150.00 ****150.00

CR2E034 (5/01)

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 REQUIRED 8-23-01 561 279-0321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9-26-01

TO WHOM IT MAY CONCERN

ON JANUARY 28 2001 I SUFFERED A HEART ATTACK WHICH REQUIRED A QUADRUPLE BYPASS SURGERY.

I AM STILL RECOVERING FROM THE AFFECTS OF THE SURGERY

PLEASE REMOVE ANY PENALTIS THAT YOU MAY HAVE APPLIED TO MY ACCOUNT

THANK YOU

CHAIM TUBER