2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2002 8:00 am
Secretary of State
01-08-2002 90014 018 ***150.00

040229I AV

DOCUMENT # P00000100500

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

Principal Place of Business	Mailing Address
100 E LINTON BLVD #141A DELRAY BEACH FL 33483	100 E.LINTON BLVD #141A DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

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

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
TUBERO, CHAIM L ESQ 100 E LINTON BLVD #141A DELRAY FL 33483	Name CHAIM TUBERO Street Address (P.O. Box Number is Not Acceptable) 100 E. LINTON BLVD #141A City DELRAY BEACH 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 [signature] 1-03-02
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D TUBERO, CHAIM 100 E LINTON BLVD #141A DELRAY FL 33483	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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] 1-03-02 561-279-0321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #