


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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| DOCUMENT # P02000125058 | |  | |
| 1. Entity Name ADMIN SOLUTIONS, INC. | | | |
| Principal Place of Business 17850 WEST DIXIE HWY SUITE #2B NORTH MIAMI BEACH, FL 33160 US | | Mailing Address 17850 WEST DIXIE HWY SUITE #2B NORTH MIAMI BEACH, FL 33160 US | |
| 2. Principal Place of Business 16950 West Dixie Hwy Suite, Apt. #, etc. B 338 City & State North Miami Beach, FL | | 3. Mailing Address Suite, Apt. #, etc. City & State | |
| Zip 33160 | | Country US | |
| 4. FEI Number 11-3664649 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent POVINA, MARIA E 17850 WEST DIXIE HWY SUITE #2B NORTH MIAMI BEACH, FL 33160 | | 7. Name and Address of New Registered Agent | |
| Name | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>[Signature]</u> DATE: <u>3/27/03</u> | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | P POVINA, MARIA E 16861 23RD AVENUE APT # 107 NORTH MIAMI BEACH, FL 33160 | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D POVINA, JUAN E 16861 NE 23RD AVENUE APT# 107 NORTH MIAMI BEACH, FL 33160 | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 507, 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>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | DATE: <u>3/27/03</u> City: <u>305-308-3288</u> City: <u>305-308-3288</u> | |

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CHECK HERE IF MAKING CHANGES

CR2EC34 (10/02)