

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

NOTES: AV

04-23-2002 90343 028 \*\*\*150.00

**DOCUMENT # P34905**  
 1. Entity Name  
**ADROIT (U.S.) PROPERTY CORPORATION**

Principal Place of Business Mailing Address  
**C/O AVANTI PROPERTIES GROUP** **C/O AVANTI PROPERTIES GROUP**  
**431 EAST HORATIO AVE.. SUTIE 210** **431 EAST HORATIO AVE.. SUTIE 210**  
**MAITLAND FL 32751** **MAITLAND FL 32751**  
**US** **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	98-0080166	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>SCHWARTZ, CHARLES</b> <b>C/O ANANTI PROPERTIES GROUP</b> <b>431 E. HORATIO, #210</b> <b>MAITLAND FL 32751</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>SHERMAN, B</b> <b>431 E HORATIO AVE #210</b> <b>MAITLAND FL 32751</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SCHWARTZ, CHARLES</b> <b>%431 E. HORATIO AVE, #210</b> <b>MAITLAND FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ROSEN, DAWN</b> <b>%22 ST. CLAIR AVE. EAST</b> <b>TORONTO, ONT., CANADA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TCD</b> <b>COHEN, JUDITH LOEB</b> <b>%22 ST. CLAIR AVE. EAST</b> <b>TORONTO, ONT., CANADA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SHAPIRO, MARVIN M.</b> <b>%431 E. HORATIO AVE, #210</b> <b>MAITLAND FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>CHILDRESS, JANET</b> <b>431 E HORATION AVE #210</b> <b>MAITLAND FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Beila Sherman* **Beila Sherman** 4/11/02 407 6288488  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)