2002 UNIFORM BUSINESS REPORT (UBR)

P98000004197 **DOCUMENT #**

1. Entity Name

ADAM BUSINESS SYSTEMS CORP.

FILED Apr 28, 2002 8:00 am Secretary of State

04-28-2002 90722 001 *6,300.00

| ,, | \checkmark |
|---|---|
| Principal Place of Business 7695 S.W. 104TH ST. STE. 210 MIAMI FL 33156 | Mailing Address 7695 S.W. 104TH ST. STE. 210 MIAMI FL 33156 |
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| | |



| Signature, typed or printed name of registered agent and life if appricable. Signature, typed or printed name of registered agent and life if appricable. Signature, typed or printed name of registered agent and life if appricable. Signature, typed or printed name of registered agent and life if appricable. Signature, typed or printed name of registered agent and life if appricable. Signature, typed or printed name of registered agent and life if appricable. Signature, typed or printed name of registered agent and life if appricable. Signature, typed or printed name of registered agent and life if appricable. Signature, typed or printed name of registered agent and life if appricable. NOTE. Registered Agent signature required when reinstalling) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP Delete TILE NAME STREET ADDRESS CITY-ST-ZIP Delete TILE NAME STREET ADDRESS CITY-ST-ZIP TOTAL TOT | Appli Not A .75 Addition Required not Zip Code \$5.00 Added to | D May Be to Fees |
|---|--|------------------------------------|
| Suite, Apt. #, etc. Solite, Apt. #, etc. | Appli Not A .75 Addition Required not Zip Code \$5.00 Added to RECTORS | Applicable ional D May Be to Fees |
| Zip Country Zip Country 5. Certificate of Status Desired Ss. Ss. Fee F. G. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UTTMAN, ERIC P | Not A 75 Addition Required Int Zip Code \$5.00 Added to IRECTORS | Applicable ional D May Be to Fees |
| Zip Country 5. Certificate of Status Desired \$8.5. Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe | .75 Addition Required Int Zip Code | D May Be to Fees |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UITTMAN, ERIC P 7695 S.W. 104TH ST. STE. 210 MIAMI FL 33156 City FL 3 Signature, typed or printed name of registered agent and title II 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) TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TO Delete TITLE NAME STREET ADDRESS CITY-ST-2P TO DELETE ADDRESS CITY-ST-2P TO DELETE ADDRESS CITY-ST-2P TO DELETE ADDRESS CITY-ST-2P TO DELETE ADDRESS CITY-ST-2P | RECTORS | D May Be to Fees |
| LITTMAN, ERIC P 7695 S.W. 104TH ST. STE. 210 MIAMI FL 33156 City City FL Grature. typed or printed name of registered agent and title if applicable. 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) TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete | Zip Code \$5.00 Added t | D May Be to Fees |
| LITTMAN, ERIC P 7695 S.W. 104TH ST. STE. 210 MIAMI FL 33156 City Election Campaign Financing Trust Fund Contribution. TITLE NAME STREET ADDRESS CITY-ST-ZIP Name Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is num | \$5.00 Added t | D May Be to Fees |
| MIAMI FL 33156 City FL Z 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 Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax fliing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. Election Campaign Financing Trust Fund Contribution. 17. OFFICERS AND DIRECTORS 18. THE NAME STREET ADDRESS CITY-ST-ZIP 19. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete | \$5.00 Added t | D May Be to Fees |
| Atter May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP City FL Zity ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP D | \$5.00 Added t | D May Be to Fees |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) The street address of the street agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 10. Election Campaign Financing Trust Fund Contribution. Trust Fund Con | \$5.00 Added t | D May Be to Fees |
| 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 Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11ILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete | \$5.00 Added t | D May Be to Fees |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | Added t | to Fees |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | Added t | to Fees |
| Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE NAME UITTMAN, ERIC P STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | IRECTORS | S IN 11 |
| TITLE NAME LITTMAN, ERIC P STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete DP LITTMAN, ERIC P STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | _ Change | L_J Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | |
| CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE | | - Addition |
| NAME STREET ADDRESS CITY-ST-ZIP Delete TIFLE |] Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | | |
| CITY-ST-ZIP | | |
| l l Dolote ■ IlliE 1 | Change | Addition |
| TIFLE Decision of | Change | |
| NAME NAME | | |
| STREET ADDRESS STREET ADDRESS | | |
| CITY-ST-ZIP CITY-ST-ZIP | Change | Addition |
| TITLE LIBERTY | | |
| NAME NAME | | |
| STREET ADDRESS STREET ADDRESS | | |
| CITY-ST-ZIP CITY-ST-ZIP | Change | Addition |
| TITLE Delete I !!!LE | Challe | |
| NAME NAME | | |
| STREET ADDRESS STREET ADDRESS | | |
| CITY-ST-ZIP CITY-ST-ZIP | Change | Addition |
| TITLE L Delete L TITLE | Unange | |
| NAME NAME | | |
| STREET ADDRESS STREET ADDRESS | | |
| CITY-ST-ZIP | | |

I nereby ceruity that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3), Frontal stated and statement of 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.

APR 1 9 2002

SIGNATURE:

Daytime Phone #