

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91114 020 ***150.00

DOCUMENT # **P98000061759** ✓
1. Entity Name
ADF Investment, Corp.

DO NOT WRITE IN THIS SPACE

| | | | |
|--|-----------------------|--|-----------------------|
| 2. Principal Place of Business 1820 N. Corporate Lakes | | 3. Mailing Address 1820 N. Corporate Lakes | |
| Suite, Apt. #, etc. 304 | | Suite, Apt. #, etc. 304 | |
| City & State Weston, FL | | City & State Weston, FL | |
| Zip 33326 | Country USA | Zip 33326 | Country USA |

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 65-0852047 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

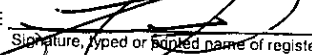
| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

| |
|--|
| Name Fernan Restrepo |
| Street Address (P.O. Box Number is Not Acceptable) 1820 N. Corporate Lakes Suite 304 |
| City Weston |
| State FL |
| Zip Code 33326 |

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  **Fernan Restrepo**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

| | |
|--|--------------------------------|
| TITLE President | NAME Fernan Restrepo |
| STREET ADDRESS 1820 N. Corporate Lakes # 304 | |
| CITY - ST - ZIP Weston, FL 33326 | |

| | |
|-----------------|------|
| TITLE | NAME |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|------|
| TITLE | NAME |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|------|
| TITLE | NAME |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|------|
| TITLE | NAME |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|------|
| TITLE | NAME |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|------|
| TITLE | NAME |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|------|
| TITLE | NAME |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|------|
| TITLE | NAME |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|------|
| TITLE | NAME |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|------|
| TITLE | NAME |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|------|
| TITLE | NAME |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02 954 349 4769

Date

Daytime Phone #