

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90045 024 \*\*\*150.00

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**DOCUMENT # P98000077488**

1. Entity Name  
**ADAPTECH SYSTEMS AND SERVICES, INC.**

Principal Place of Business  
**193 S. STATE RD. 7, SUITE 2**  
**MARGATE FL 33068**

Mailing Address  
**193 S. STATE RD. 7, SUITE 2**  
**MARGATE FL 33068**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
**3475 SHERIDAN ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**SUITE 210**

City & State

City & State  
**HOLLYWOOD, FL**

4. FEI Number **65-0864191**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**33021 USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ABELLA, RICARDO**  
**193 S. STATE RD. 7, SUITE 2**  
**MARGATE FL 33068**

7. Name and Address of New Registered Agent

Name **ABELLA, RICARDO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**16003 Emerald Cove Rd**  
 City **Weston** **FL** Zip Code **33331**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| 11. OFFICERS AND DIRECTORS |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | NAME                            | TITLE   | NAME  |
|                            | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | <b>ABELLA, RICARDO</b>          | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>193 S. SR7, STE 2</b>        | CITY-ST-ZIP   |   |
|                            | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |
|                            | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |
|                            | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |
|                            | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)