## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 08, 2001 8:00 am Secretary of State DOCUMENT # P98000097262 ADS UNLIMITED, INC. 02-08-2001 90370 029 \*\*\*150.00 Principal Place of Business Mailing Address 7975 N.W. 154TH STREET 7975 N.W. 154TH STREET SUITE #400 SUITE #400 FORT LAUDERDALE FL 33016 FORT LAUDERDALE FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0881244 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HODKIN, PETER M Street Address (P.O. Box Number is Not Acceptable) 2102 WEST COMMERCIAL BLVD. **SUITE 4100** FORT LAUDERDALE FL 33309 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE □ Delete TITL F ☐ Change ☐ Addition NAME MIJARES, ANTHONY JR. NAME STREET ADDRESS STREET ADDRESS 7975 N.W. 154TH STREET SUITE 400 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33016 PRESIDENT TITLE ☐ Addition ☐ Delete TITLE NAME CARDOSO, SILVIO JR. NAME STREET ADDRESS STREET ADDRESS 7975 N.W. 154TH STREET SUITE 400 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33016 TITLE □ Delete TITLE 7 Briele 7975 H.W. 154H St. 5-400 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

Anthony Mijares, Jr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

13. I hereby certify that the information supplied with this filling 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:**