

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90005 023 \*\*\*150.00

**DOCUMENT # P99000050839**

**1. Entity Name**  
**ADANTA CORPORATION**

| Principal Place of Business              | Mailing Address                               |
|------------------------------------------|-----------------------------------------------|
| 8980 SW 122 PLACE #211<br>MIAMI FL 33186 | 8980 SW 122 PLACE #211<br>MIAMI FL 33186-4111 |

| 2. Principal Place of Business             | 3. Mailing Address                         |
|--------------------------------------------|--------------------------------------------|
| 3801 S. Ocean Dr<br>Suite, Apt. #, etc. 90 | 3801 S. Ocean Dr<br>Suite, Apt. #, etc. 90 |
| City & State<br>Hollywood FL               | City & State<br>Hollywood FL               |
| Zip<br>33019                               | Zip<br>33019                               |



DO NOT WRITE IN THIS SPACE

| 4. FEI Number                                                                            | Applied For    |
|------------------------------------------------------------------------------------------|----------------|
| 65-0938948                                                                               | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                |

**6. Name and Address of Current Registered Agent**  
**BODIN, GLORIA ROA**  
**2100 PONCE DE LEON BLVD SUITE 920**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**  
 Name: Alejandra Castillo  
 Street Address (P.O. Box Number is Not Acceptable): 3801 S Ocean Dr. #90  
 City: Hollywood, FL Zip Code: 33019

**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: Alejandra Gille (NOTE: Registered Agent signature required when reinstating)  
 DATE: Feb. 9, 2000

**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, 2000 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 |                                   |
|---------------------------------|--------------------------|-------------------------------------------------------|-----------------------------------|
| TITLE NAME                      | DPVS CASTILLO, ALEJANDRA | TITLE NAME                                            | CASTILLO, ALEJANDRA               |
| STREET ADDRESS                  | 8980 SW 122 PLACE #211   | STREET ADDRESS                                        | 3801 S Ocean Dr 90                |
| CITY-ST-ZIP                     | MIAMI FL 33186           | CITY-ST-ZIP                                           | Hollywood, FL 33019               |
| <input type="checkbox"/> Delete |                          | <input checked="" type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| TITLE NAME                      | T CASTILLO, ALEJANDRA    | TITLE NAME                                            | CASTILLO, ALEJANDRA               |
| STREET ADDRESS                  | 8980 SW 122 PLACE #211   | STREET ADDRESS                                        | 3801 S Ocean Dr 90                |
| CITY-ST-ZIP                     | MIAMI FL 33186           | CITY-ST-ZIP                                           | Hollywood, FL 33019               |
| <input type="checkbox"/> Delete |                          | <input checked="" type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| TITLE NAME                      |                          | TITLE NAME                                            |                                   |
| STREET ADDRESS                  |                          | STREET ADDRESS                                        |                                   |
| CITY-ST-ZIP                     |                          | CITY-ST-ZIP                                           |                                   |
| <input type="checkbox"/> Delete |                          | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |
| TITLE NAME                      |                          | TITLE NAME                                            |                                   |
| STREET ADDRESS                  |                          | STREET ADDRESS                                        |                                   |
| CITY-ST-ZIP                     |                          | CITY-ST-ZIP                                           |                                   |
| <input type="checkbox"/> Delete |                          | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |
| TITLE NAME                      |                          | TITLE NAME                                            |                                   |
| STREET ADDRESS                  |                          | STREET ADDRESS                                        |                                   |
| CITY-ST-ZIP                     |                          | CITY-ST-ZIP                                           |                                   |
| <input type="checkbox"/> Delete |                          | <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:** Alejandra Gille **February 9, 2000** **954 455 3383**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)