

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050839

1. Entity Name

ADANTA CORPORATION

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90005 023 ***150.00

Principal Place of Business

Mailing Address

8980 SW 122 PLACE #211
MIAMI FL 33186

8980 SW 122 PLACE #211
MIAMI FL 33186-4111

2. Principal Place of Business

3801 S. Ocean Dr

3. Mailing Address

3801 S. Ocean Dr

Suite, Apt. #, etc.

90

Suite, Apt. #, etc.

90

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

65-0938948

Applied For

Not Applicable

Zip

33019

Country

Zip

33019

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BODIN, GLORIA ROA
2100 PONCE DE LEON BLVD SUITE 920
CORAL GABLES FL 33134

Name

Alejandra Castillo
Street Address (P.O. Box Number is Not Acceptable)

3801 S Ocean Dr. #90

Hollywood, FL 33019

City

FL

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 Alejandra Castillo

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Feb. 9, 2000

DATE

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
STREET ADDRESS
CITY-ST-ZIP
DPVS
CASTILLO, ALEJANDRA
8980 SW 122 PLACE #211
MIAMI FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3801 S Ocean Dr. 90
Hollywood, FL 33019 ☒ Change ☐ Addition

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CASTILLO, ALEJANDRA
8980 SW 122 PLACE #211
MIAMI FL 33186 ☐ Delete

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CITY-ST-ZIP
☐ Change ☐ 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 Castillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

February 9, 2000 954 455 3383

CR2E034 (9/99)