200	Z UNIFURM BUSI	NE22 KEPC	PRT (UBR)	TO JUE CHIC
DOCL 1. Entity Na	JMENT# F0100	0001596		
ADAR INTERNATIONAL, INC.				FILED
				02 OCT 16 AH 11: 12
Principal Pla	ace of Business	Mailing Address  10 TROON PLACE		SECLETARY OF STATE TALLAMASSEE, FLORIDA
MASHPEE M		MASHPEE MA 02649		TALLANASSEE, FLORIDA
				I JARAHAR HILI BAYAR HILUK BALIK BAKIK BAKIK BAKIK BARIK HIRUK BIKIK BIKIK BIKIK BIKIK BIKIK BIKIK BIKIK BIKIK
2. Principal	Place of Business	3. Mailing Address	1 1	
Suite, Apt	BO MONTE VORDE LA.	/580 Won Suite, Apt. #, etc.	ito uerdo La	DO NOT WRITE IN THIS SPACE
City & State / City & State / C				
	PAM Devol 71	Workslu	Secol F/	4. FEI Number  O4-322 40 12  Not Applied For  Not Applicable
334	12 Palubal	337/2	Bely Book	5. Certificate of Status Desired S8.75 Additional Fee Required
_	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent
GOLUS.	SIPINEY	ONEY GOLDB		
Street Address (				S (P.O. Box Number is Not Acceptable) BO MONTE VERNE LA
WEST PA	NLM BEACH FL 33412			COLITICAL VEROLE PAT
		n	City Wes	tlaten Bund FL 3250de
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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE				
Signature, typed or printed name of registered agent and the implicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  After September 13, 2002 Fee will be \$750.00				10. Election Campaign Financing \$5.00 May Re
	requirement and elects to do so.	After September 13, Make Check Payab	, 2002 Fee will be \$750 le to Department of St	0.00
11.	OFFICERS AND D	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PCTD   Golub, Sidney J	☐ Delete	TITLE NAME	SOODO8449
STREET ADDRESS CITY-ST-ZIP	7694 HUMMINGHAM CT.		STREET ADDRESS	10/18/0201053017 **750.00
TITLE .	WEST PALM BEACH FL	☐ Delete	CITY-ST-ZIP	
NAME STREET ADDRESS	GOLUB, ELISABETH E	Doicte	NAME	☐ Change ☐ Addition
CITY-ST-ZIP	7694 HUMMINGHAM CT. WEST PALM BEACH FL		STREET ADDRESS CITY-ST-ZIP	
TITLE.		- Delete	- TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	j
City-St-Zip	,		CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	
TITLE		☐ Delete	CITY-ST-ZIP	
NAME		L. Deteta	NAME	Change Change
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ANABESS	
CITY-ST-ZIP			STREET ADDRESS 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 SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date				