

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F06448

1. Entity Name

HELEN W. ADELMAN, C.P.A., P.A.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90113 045 \*\*\*150.00

Principal Place of Business

% HELEN W ADELMAN  
1930 SW 23RD TERRACE  
MIAMI FL 33145

Mailing Address

% HELEN W ADELMAN  
1930 SW 23RD TERRACE  
MIAMI FL 33145

2. Principal Place of Business

% RICHARD D. ADELMAN

3. Mailing Address

% RICHARD D. ADELMAN

Suite, Apt. #, etc.

9421 S.W. 134th ST

Suite, Apt. #, etc.

9421 S.W. 134th ST

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33176

Country

MIAMI-DADE

Zip

33176

Country

MIAMI-DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2041391

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADELMAN, HELEN W  
1930 SW 23RD TERRACE  
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name  
RICHARD D. ADELMAN

Street Address (P.O. Box Number is Not Acceptable)  
9421 S.W. 134th ST

City  
MIAMI

FL

Zip Code  
33176

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

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADELMAN, HELEN W 1930 SW 23RD TERRACE MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARD D. ADELMAN 9421 S.W. 134th STREET MIAMI, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JEAN FINK 5575 ERROL PLACE, N.W. ATLANTA, GA 30327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNICE W. WALKER 2551 TRAPP AVENUE MIAMI, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

*Richard D. Adelman*  
RICHARD D. ADELMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 24, 2001 (305) 858-6965

Date

Daytime Phone #

CR2E034 (10/00)