## FILED Apr 25, 2000 8:00 am Secretary of State 04-25-2000 90015 027 \*\*\*150.00

<b>2000 UNIFORM</b>	<b>BUSINESS</b>	REPORT	(UBR
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DOCUMENT # F11542

1. Entity Name

ADLER GROUP, INC.

Principal Place of Business	. Mailing Address
400 N.W. 107 AVE. ITH FLOOR BIAMI FL 33172	1400 N.W. 107 AVE. 5TH FLOOR MIAMI FL 33172-2746
. Principal Place of Business	3. Mailing Address

Sutio, Apt. 8, etc.  Do Not Walter in This Space.  Application of Sution Desired   Res. Application of State   Res. Application of Res. Res. Res. Res. Applicati	5TH FLOOR MIAMI FL 33172			5TH FLOOR Miami FL 33172-2746				U		-	
Suite, Apt. #, etc.    City & State   City & City & State   City & City & State   City & State   City & State   City & City & City & State   City & City	2. Principal Place of Business			3. Mailing Address		_					
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   Sa. 75 Additional Fee Required   Sa. 75 Additional Fe	Suite Apt. # etc.			Suite, Apt. #, etc.					•	,	
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   Sa. 75 Additional Fee Required   Sa. 75 Additional Fe										<u> </u>	
Section Certains on back   Fee Required   Fee Req	City & State	•		City & State			4.	59-204854	8	<b>—</b> ——	
Name	Zip	Country		Zip	Coun	try	5.	Certificate of Status Desired			
LEVY, JOEL 1400 N.W. 107 AVE 5TH FLOOR MIAMI FL 33172  City  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  FL  Zip		6. Name and Address of	Current Reg	istered Agent			7.	Name and Address of New F	Registered A	gent	
### 1400 N.W. 107 AVE STH FLOOR MAMM FL 33172    Oity   FL   Zip Code					ı	) Name					
STH FLOOR MIAMI FL 33172  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, hypera or printed name of registered agent and rice il applicative.  NOTE: Registered Agent supmiss recursed when animaling.  P. This corporation is elligible to shall stiply its intengible of the purpose of control and rice is applicative.  The corporation is elligible to shall stiply its intengible of the purpose of control and rice is applicative.  The corporation is elligible to shall stiply its intengible of the purpose of control and rice is applicative.  The corporation is elligible to shall stiply its intengible of the purpose of control and rice is applicative.  The corporation is elligible to shall stiply its intengible of the purpose of registered agent, or both, in the State of Florida.  SIGNATURE  The corporation is elligible to shall stiply its intengible of the purpose of registered agent, or both, in the State of Florida.  The corporation is elligible to shall stiply its intengible of the purpose of registered agent, or both, in the State of Florida.  The corporation is elligible to shall stiply its intengible of the stiply its intengible of the purpose of the registered agent, or both, in the State of Florida.  The corporation is elligible to shall stiply its intengible of the stiply its intengible of the stiply its intending its i						Street Address (P.O. Box Number is Not Acceptable)					
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, Speat or private leave of registered agent and river depictable   (NOTE Registered Agent, or both, in the State of Florida.    SigNATURE   Signature, Speat or private leave of registered agent, or both, in the State of Florida.    SigNATURE   Signature, Speat or private leave of registered agent, or both, in the State of Florida.    SigNATURE   Signature, Speat or private leave of registered agent, or both, in the State of Florida.    SigNATURE   Signature, Speat or private leave of registered agent, or both, in the State of Florida.    SigNATURE   Signature, Speat or private leave of registered agent, or both, in the State of Florida.    SigNATURE   Signature, Speat or private leave of registered agent, or both, in the State of Florida.    SigNATURE   Signature, Speat or private leave or registered agent, or both, in the State of Florida.    SigNATURE   Signature, Speat or private leave or registered agent, or both, in the State of Florida.    SigNATURE   Signature, Speat or private leave or registered agent, or both, in the State of Florida.    SigNATURE   Signature, Speat or registered agent, or both, in the State of Florida.    Signature, Speat or registered agent, or both, in the State of Florida.    Signature, Speat or registered agent, or both, in the State of Florida.    Signature, Speat or registered agent, or both, in the State of Florida.    Signature, Speat or registered agent, or both, in the State of Florida.    Signature, Speat or registered agent, or both, in the State of Florida.    Signature, Speat or registered agent, or both, in the State or registered agent, or both, in the State of Florida.   Signature, Speat or registered agent, or both, in the State or registered agent, or both, in the State or registered agent, or registered ag							_		_ <del></del>		
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Frorida.  SIGNATURE    Signature, types of prilitical name of registered agent and rife of applicable.   (NCTE Registatore) Agent segretare required when increasing)   DATE	MIAN	N FL 33172				City				Zip Code	-
SIGNATURE  9. This corporation is eligible to satisfy its intanglole  10. Election Campaign Financing  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. Election Campaign Financing  17. TOFFICERS AND DIRECTORS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  18. DC  ADLER, MICHAEL M  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  19. Election Campaign Financing  10. Election Campai						Ĺ <u>"</u>					
9: This corporation is elligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)   Tax filing requirement and elects to do so. (See criteria on back)   Tax filing requirement and elects to do so. (See criteria on back)   Tax filing requirement and elects to do so. (See criteria on back)   Tax filing requirement and elects to do so. (See criteria on back)   Tax filing requirement and elects to do so. (See criteria on back)   Tax filing requirement and elects to do so. (See criteria on back)   Tax filing requirement and elects to do so. (See criteria on back)   Tax filing requirement and elects to do so. (See criteria on back)   Tax filing requirement and elects to do so. (See criteria on back)   Tax filing requirement and elects to do so. (See criteria on back)   Tax filing requirement and elects to do so. (See criteria on back)   Tax filing requirement and elects to do so. (See criteria on back)   Tax filing requirement and elects to do so. (See criteria on back)   Tax filing requirement and elects to do so. (See criteria on back)   Tax filing requirement and elects to do so. (See criteria on back)   Tax filing requirement and elects to do so. (See criteria on back)   Tax filing requirement and elects to do so. (See criteria on back)   Tax filing requirement and elects to do so. (See criteria on back)   Tax filing requirement and elects to do so. (See criteria on back)   Tax filing requirement and elects to do so. (See criteria on back)   Tax filing requirement and elects for event filing require	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.										
Tax filing requirement and elects to do so (See criteria on back)	SIGNATURE _	Signature, typed or printed name of regis	stered agent and to	tle if applicable. (NO	TE: Registere	d Agent signatu	re required when t	reinstating)	DATE		
Tax filing requirement and elects to do so (See criteria on back)  Atter MAY 1, 2000 Fee will be \$\$50.00   Make Check Payable to Department of State  11.	a. This corpo	ration is aligible to satisfy its I	ntangible	FILE NOW	/!!! FEE	IS \$150.0	00				
Make Check Payable to Department of State     12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.   11.			* 1						~ ~		
TITLE NAME ADLER, MICHAEL M ADLER, MICHAEL M 1400 N.W. 107 AVE 5TH FLOOR CITY-ST-2P MIAMI FL 33172  TITLE NAME ARRIZURIETA, LUIS STREET ADDRESS CITY-ST-2P MIAMI FL 33172  TITLE NAME ARRIZURIETA, LUIS STREET ADDRESS CITY-ST-2P MIAMI FL 33172  TITLE NAME ADLER, STEVEN MIAMI FL TITLE NAME ADLER, STEVEN MIAMI FL 33172  TITLE NAME ADRESS CITY-ST-2P MIAMI FL 33172  TITLE NAME ADDRESS CITY-ST-2P MIAMI FL 33172  TITLE ADDRESS CITY-ST-2P  MIAMI FL 33172  TITLE ADDRESS CITY-ST-2P  TI	(See criteri	ia on back)		Make Check Payable to Department of Sta				—	_		
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TITLE STD   Delete   TITLE   NAME   ARRIZURIETA, LUIS   STREET ADDRESS   1400 NW 107 AVE   STREET ADDRESS   CITY-ST-ZIP   MIAMI FL   CITY-ST-ZIP	ľ		H FLOOR								
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CITY-ST-ZIP   MIAMI FL		•			1	1					
TITLE											
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STREET ADDRESS		ADLER, STEVEN			NAM	E					
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	_1		nlied with this	s filing does not qualify fo			ed in Section	n 119.07(3)(i), Florida Statutes	I further cert	ify that the i	formation

indicated on this report or supplemental genort 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 an other like empowered.

SIGNATURE: