## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## F62864 **DOCUMENT #**



## **FILED** Mar 24, 2003 8:00 am & Secretary of State

THE ADLER NETWORK, INC.								03-24-2003 9	20180 03.	7 130	00	
Principal Place of Business 6365 NW 6TH WAY SUITE 170 FT.LAUDERDALE FL 33309-6161			Mailing Address 6365 NW 6TH WAY SUITE 170 FT.LAUDERDALE FL 33309-6161									
2. Principal F	Place of Busin	ess	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State				<b>4.</b> F	El Number 59-2162794		<u> </u>	plied For t Applicable	
Zip	Linera L. S. L. Harris,		Zíp	Zip Cour		У			3.75 Additional e Required			
	\gent			7. N	ame and Address of New Re	egistered Aç	jent					
						Name					į	
ADLER, MAXINE 6365 NW 6TH WAY SUITE 170						Street Addres	Address (P.O. Box Number is Not Acceptable)					
FORT LAI	UDERDALE,	FL 33309			Γ							
					-	City			FL	Zip Code	<del></del>	
8. The above the obligation	e named entity tions of regist	submits this statement for ered agent.	the purpose	of changing its re	egistered	d office or regis	stered age	ent, or both, in the State of Flor	rida. I am fa	miliar with,	and accept	
SIGNATURE	Owen Ad Signature, typed	dler Exec VP or printed name of registered agent a	nd title if appear	le. (NOTE:	Registered /	Agerit signature requ	ired when rei		ch 20,	2003		
	II E NOWII	! FEE IS \$150.00										
		13 Fee will be \$550.00						9. Election Campaign Fina		\$5.0	<b>0</b> May Be	
	•	Florida Department of	State					Trust Fund Contribution	ı. 🗆	Added	to Fees	
10.		OFFICERS AND I			11.	<u> </u>		DITIONS/CHANGES TO OFF	CEDS AND F	NDECTORS	: INI 11	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. (954) 776-6633

SIGNATURE:

REQUIRED Owen Adler

Exec VP

20,

Daytime Phone #