

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002133

1. Entity Name

SERVICIOS ADAMO, S.A.

Principal Place of Business

12906 S.W. 133 CT. SUITE D  
MIAMI FL 33186

Mailing Address

12906 S.W. 133 CT. SUITE D  
MIAMI FL 33186-5806

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LASSO, JILMA M ESQ.  
782 N.W. LE JEUNE RD. SUITE 440  
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

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

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

ROBERT REAL AGENT

01-11-00

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, 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

TITLE	PC	<input type="checkbox"/> Delete
NAME	SANCHEZ, JANIO LUIS L	
STREET ADDRESS	EDIF. OMEGA, MEZZANINE, AVE. SAMUEL LEWIS	
CITY-ST-ZIP	Y CALLE 53, CIUDAD DE PANAMA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MELENDEZ, MARIBEL C	
STREET ADDRESS	EDIF. OMEGA, MEZZANINE, AVE. SAMUEL LEWIS	
CITY-ST-ZIP	Y CALLE 53, CIUDAD DE PANAMA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GUTIERREZ, IVAN D	
STREET ADDRESS	EDIF. OMEGA, MEZZANINE, AVE. SAMUEL LEWIS	
CITY-ST-ZIP	Y CALLE 53, CIUDAD DE PANAMA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

ROBERT REAL AGENT

01-11-00

305 253-6777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)