2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # H82066** ADLER AND ADLER, INC. 04-30-2001 90116 019 ***150.00 Principal Place of Business Mailing Address 1700 N.E. 26TH STREET 1700 N.E. 26TH STREET SUITE #4 SUITE #4 FT LAUDERDALE FL 33305-1413 FT LAUDERDALE FL 33305-1413 U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0050093 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADLER, KARL W. Street Address (P.O. Box Number is Not Acceptable) 1700 NE 26TH STREET SUITE #4 FT LAUDERDALE FL 33305 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, typed or printed name of registered agent and fitle if applicable, (NOTE: Registered Agent's gnature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 1111.6 **PSD** CR2E034 (10/00) ☐ Delete TiTi F ☐ Change Addition NAME ADLER, KARL W NAME STREET ADDRESS 1700 N.E. 26TH ST., #4 STREET ADDRESS C:TY-ST-ZIP FT LAUDERDALE FL 33305-1413 CITY-ST-ZiP TITLE Delete THES Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C:TY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition. NAME NAME STREE! ADDRESS STREET ADDRESS CITY-ST 74P CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.