

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J90205**

1. Entity Name

**ADRO CONST., INC.****FILED****May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 91173 001 \*\*\*450.00

Principal Place of Business

Mailing Address

9350 SUNSET DR

9350 SUNSET DR

SUITE 100

SUITE 100

FL 33173

MIAMI FL 33173-3245

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0015243**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE CO.****1201 HAYS ST****TALLAHASSEE FL 32301**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARR, JAMES M</b>	NAME	<b>ANDREAS STENGOS</b>
STREET ADDRESS	<b>9350 SUNSET DR SUITE 100</b>	STREET ADDRESS	<b>20, SOLOMOU STR. ALIMOS</b>
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	CITY-ST-ZIP	<b>174 56 ATHENS, GREECE</b>
TITLE	<b>VS T</b> <input type="checkbox"/> Delete	TITLE	<b>VST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EISENACHER, HAROLD</b>	NAME	
STREET ADDRESS	<b>9350 SUNSET DR SUITE 100</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCRAW, MICHAEL</b>	NAME	
STREET ADDRESS	<b>2740 N DALLAS PKWY STE 200</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PLANO TX 75093</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHERNYS, LEONARD R</b>	NAME	
STREET ADDRESS	<b>9350 SUNSET DR SUITE 100</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IBARRIA, DIANA</b>	NAME	
STREET ADDRESS	<b>9350 SUNSET DR SUITE 100</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Harold Eisenacher*  
**Harold Eisenacher****5/1/00****305-595-3281**

CR2E034 (9/99)