

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J90205

1. Entity Name  
ADRO CONST., INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90475 001 \*\*\*450.00

Principal Place of Business

9350 SUNSET DR  
SUITE 100  
MIAMI FL 33173

Mailing Address

9350 SUNSET DR  
SUITE 100  
MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0015243

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Michael Kean  
Berman & Kean, PA  
2101 W. Commercial Blvd., Suite 4100  
Ft. Lauderdale, FL 33309

Michael Kean - Berman & Kean, PA  
2101 W. Commercial Blvd. #4100  
Ft. Lauderdale FL 33309

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 4/20/01

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, 2001 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

TITLE P ☐ Delete  
NAME CARR, JAMES M  
STREET ADDRESS 9350 SUNSET DR SUITE 100  
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VST ☐ Delete  
NAME EISENACHER, HAROLD  
STREET ADDRESS 9350 SUNSET DR SUITE 100  
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME STENGOS, ANDREAS  
STREET ADDRESS 20 SOLOMOU STR ALIMOS  
CITY-ST-ZIP ATHENS, GREECE 17456

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME CHERNYS, LEONARD R  
STREET ADDRESS 9350 SUNSET DR SUITE 100  
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME IBARRIA, DIANA  
STREET ADDRESS 9350 SUNSET DR SUITE 100  
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

 HAROLD EISENACHER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/01 305-555-3281

CR2E034 (10/00)