

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90197 045 ***150.00

DOCUMENT # **J90205**

1. Entity Name
ADRO CONST., INC.



Principal Place of Business
**4000 HOLLYWOOD BLVD.
SUITE 500-N
HOLLYWOOD FL 33021**

Mailing Address
**1200 SOLDIERS FIELD DRIVE
HOUSTON TX 77479**

2. Principal Place of Business

3. Mailing Address
4000 Hollywood Blvd

Suite, Apt. #, etc.

Suite 500N

City & State

Hollywood, FL

Zip

33021

Country

USA

4. FEI Number **65-0015243**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CSC (CORPORATION SERVICE COMPANY)
1201 HAYS STREET
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PTAS**
STREET ADDRESS **MCADEN, TOMMY L**
CITY-ST-ZIP **4000 HOLLYWOOD BLVD., SUITE 500-N
HOLLYWOOD FL 33021**

TITLE Change Addition
NAME **Secretary**
STREET ADDRESS **Patricia M. Petersen**
CITY-ST-ZIP **4000 Hollywood Blvd Suite 500N
Hollywood, FL 33021**

TITLE Delete
NAME **D**
STREET ADDRESS **MCADEN, TOMMY L**
CITY-ST-ZIP **4000 HOLLYWOOD BLVD., SUITE 500-N
HOLLYWOOD FL 33021**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SVAT**
STREET ADDRESS **HUBENAK, HOLLY**
CITY-ST-ZIP **1200 SOLDIERS FIELD DRIVE
SUGAR LAND TX 77479**

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/03

954 364 4000

CR2E034 (10/02)