

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J95293

1. Entity Name
ADS ASSOCIATES, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90044 008 ***150.00

Principal Place of Business
2755 E OAKLAND PARK BLVD
~~101~~ 303
FORT LAUDERDALE FL 33306
US

Mailing Address
2755 E OAKLAND PARK BLVD
~~101~~ 303
FORT LAUDERDALE FL 33306
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite 303

Suite, Apt. #, etc.
Suite 303

City & State

City & State

4. FEI Number 65-0006333
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

SADRIWALLA, ABBAS
2755 E OAKLAND PARK BLVD
STE ~~101~~ 303
FORT LAUDERDALE FL 33306

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite 303
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, 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	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADRIWALLA, DEBORAH		NAME	SADRIWALLA, DEBORAH	
STREET ADDRESS	3070 NE 40 COURT		STREET ADDRESS	2755 E. Oakland Park Blvd. Suite 303	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		CITY-ST-ZIP	FT. Lauderdale, FL 33306	
TITLE		<input type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SADRIWALLA, ABBAS	
STREET ADDRESS			STREET ADDRESS	2755 E. Oakland Park Blvd. Suite 303	
CITY-ST-ZIP			CITY-ST-ZIP	FT. Lauderdale, FL 33306	
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		
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		
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		
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: Abbas A. Sadriwalla, Pres. ABBAS A. SADRIWALLA 04-10-01 (954) 566-0004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)