

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90379 007 \*\*\*150.00

**DOCUMENT # J95293**

1. Entity Name  
**ADS ASSOCIATES, INC.**

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2755 E. OAKLAND PK. BLVD**

3. Mailing Address  
**2755 E. OAKLAND PK. BLVD**

Suite, Apt. #, etc.  
**SUITE 300**

Suite, Apt. #, etc.  
**SUITE 300**

City & State  
**FT. LAUDERDALE, FL**

City & State  
**FT. LAUDERDALE, FL**

Zip  
**33306**

Country

Zip  
**33306**

Country

4. FEI Number  
**65-0006333**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SADRIWALLA, ABBAS  
2755 E OAKLAND PARK BLVD  
303  
FORT LAUDERDALE FL 33306**

## 7. Name and Address of New Registered Agent

Name  
**ABBAS A. SADRIWALLA**

Street Address (P.O. Box Number is Not Acceptable)

**2755 E. OAKLAND PARK BLVD, STE 300**  
City **FT. LAUD.** **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 **Abbas A. Sadriwalla** **ABBAS A. SADRIWALLA**

**04-16-02**

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SADRIWALLA, DEBORAH</b> <b>2755 E OAKLAND PARK BLVD. SUITE 303</b> <b>FORT LAUDERDALE FL 33306</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>SADRIWALLA, ABBAS</b> <b>2755 E OAKLAND PARK BLVD., SUITE 303</b> <b>FORT LAUDERDALE FL 33306</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2755 E. OAKLAND PK. BLVD., SUITE 300</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2755 E. OAKLAND PK. BLVD. SUITE 300</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **ABBAS A. SADRIWALLA** **04-16-02** **(954) 566-0004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)