

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90232 038 ***150.00

DOCUMENT # K31510

1. Entity Name

A D R IMPORT COMPANY, INC.

Principal Place of Business

9864 N. KENDALL DR.
#D103
MIAMI FL 33176
US

Mailing Address

9864 N. KENDALL DR.
#D103
MIAMI FL 33176
US

2. Principal Place of Business

1439 COVE LAKE Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH LAUDERDALE, FL

Zip

33068

Country

USA

City & State

Zip

Country

6. Name and Address of Current Registered Agent

RODRIGUES, DAVILSON

9864 NORTH KENDALL DRIVE

APT D-103

MIAMI FL 33176

new address →

7. Name and Address of New Registered Agent

Name

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

1439 COVE LAKE Rd

City

NORTH LAUDERDALE

FL

Zip Code

33068

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, 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 **PST** ☐ Delete
 NAME **RODRIGUES, DAVILSON**
 STREET ADDRESS **9864 N KENDALL DR, APT D-103**
 CITY-ST-ZIP **MIAMI FL** *new address →*

TITLE **D** ☐ Delete
 NAME **RODRIGUES, DAVILSON**
 STREET ADDRESS **9864 N KENDALL DR, APT D-103**
 CITY-ST-ZIP **MIAMI FL** *new address →*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Change ☐ Addition
 NAME **Rodrigues, DAVILSON**
 STREET ADDRESS **1439 COVE LAKE Rd**
 CITY-ST-ZIP **NORTH LAUDERDALE, FL 33068**

TITLE **DAVILSON** ☒ Change ☐ Addition
 NAME **Rodrigues, DAVILSON**
 STREET ADDRESS **1439 COVE LAKE Rd**
 CITY-ST-ZIP **NORTH LAUDERDALE, FL 33068**

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

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

TITLE ☐ Change ☐ Addition
 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:

DAVILSON Rodrigues
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/02
 Date

786-293-5252
 Daytime Phone #

CR2E034 (9/01)