

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90287 010 \*\*\*158.75

**DOCUMENT # K57695**

1. Entity Name  
**ADTOR, INC.**

Principal Place of Business  
**15880 NW 27TH AVE.  
MIAMI FL 33054**

Mailing Address  
**15880 NW 27TH AVE.  
MIAMI FL 33054**

30594



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0147460**

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

**MATHIS, TIMOTHY D.  
15880 N.W. 27TH AVE  
MIAMI FL 33054**

Name **WILLIE MATHIS**  
Street Address (P.O. Box Number is Not Acceptable)  
**15880 NW 27th Ave**  
City **MIAMI** FL Zip Code **33054**

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]*  
Signature, typed or printed name of registered agent and fee is applicable.

(NOTE: Registered Agent signature required when registering)

DATE

3/7/01

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 NAME STREET ADDRESS CITY-ST-ZIP  
**PDST MATHIS, TIMOTHY D. 15880 N.W. 27TH AVE MIAMI FL** ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**PDST WILLIE MATHIS 15880 N.W. 27th Ave MIAMI, FL 33054** ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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 information.

SIGNATURE:

*[Signature]* **Willie Mathis** **President**

01.03.01

305-364-1751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)