

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90955 029 ***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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0147460**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **PEARLIE MATHIS**

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

15880 NW 27TH AVENUE

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

SIGNATURE *X Pearlle Mathis*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/20/03**

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

TITLE **PDST** ☒ Delete
NAME **MATHIS, WILLIS**
STREET ADDRESS **15880 N.W. 27TH AVE**
CITY-ST-ZIP **MIAMI FL 33054**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDST** ☒ Change ☐ Addition
NAME **MATHIS, PEARLIE**
STREET ADDRESS **15880 NW 27TH AVE, Miami FL 33054**
CITY-ST-ZIP

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

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

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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: *X Pearlle Mathis* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEARLIE MATHIS **1/20/03**

Date

Daytime Phone #

CR2E034 (10/02)