FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 90080 027 ***150.00

DOCUMENT # K65488

1. Entity Name
ADELINA ENTERPRISES INC

DO NOT WRITE IN THIS SPACE

B0061718

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2. Principal Place of Business	3. Mailing Address
11480 SW Quail Roost DR.	11480 SW Quail Roost DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI - FL	City & State: MIAMI FL
Zip: 33157 Country:	Zip: 33157 Country:

4. FEI Number: 65-0101177 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: GALVEZ, GLADYS

Street Address (P.O. Box Number is Not Acceptable): 11480 SW QUAIL ROOST DR

City: MIAMI FL **FL** Zip Code: 33157

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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) 3/26/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	TITLE	
NAME	GALVEZ, GLADYS	NAME	
STREET ADDRESS	11480 SW QUAIL ROOST DR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: (signature) 3/26/02 305.232.7241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #