

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006533

1. Entity Name  
ADASON ONE, LLC

APPROVED  
AND  
FILED

00 MAY 12 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
622 BOBWHITE LANE  
HUNTINGTON VALLEY CA 19006

Mailing Address  
622 BOBWHITE LANE  
HUNTINGTON VALLEY CA 19006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

MIAMI International Way  
Suite, Apt. #, etc.  
1455 NW 107th Ave  
City & State  
MIAMI FL  
Zip  
33172  
Country  
ADE

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0954390

Applied For

Not Applicable

5. Certificate of Status, Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMALLON, ALLISON  
777 BRICKELL AVE., STE 1114  
MIAMI FL 33137

Name

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

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STEVEN A. SMALLON  
622 BOBWHITE Lane MIAMI  
HUNTINGTON VALLEY PA 19006

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900003283959--0  
-06/12/00--01008--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)

0017507 SP