

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M83968

1. Entity Name

ADLER FINANCIAL MANAGEMENT, INC.

Principal Place of Business

Mailing Address

8960 N.W. 3RD COURT
CORAL SPRINGS FL 33071

8960 N.W. 3RD COURT
CORAL SPRINGS FL 33071-7418

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

59-2901748

Applied For

Not Applicable

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

COHN, L. JERRY
6800 W. COMMERCIAL BLVD.
SUITE 3
FT. LAUDERDALE FL 33319

Name JACKSON L. ADLER

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

8960 NW 3RD COURT

City CORAL SPRINGS

FL

Zip Code 33071-7418

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

Jackson L. Adler, Pres.

JACKSON L. ADLER

4/7/00

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, 2000 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 DP ☐ Delete
NAME ADLER, JACKSON L.
STREET ADDRESS 8960 N.W. 3RD COURT
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE DS ☐ Delete
NAME ADLER, LINDA H.
STREET ADDRESS 8960 N.W. 3RD COURT
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Linda H. Adler LINDA H. ADLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-00

Date

954-752-3300

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90005 044 ***150.00