

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003986

1. Entity Name

ADRUH, INC.

Principal Place of Business

2330 NORTHWEST 180TH TERRACE  
CAROL CITY FL 33056

Mailing Address

PO BOX 101418  
FT LAUDERDALE FL 33310

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

65-0849128

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 \$61.25  
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CELIMA, JOANES	
STREET ADDRESS	2330 NORTHWEST 180TH TERRACE	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE	V	<input type="checkbox"/> Delete
NAME	VIXAMAR, ALOURDES	
STREET ADDRESS	8746 N CRESCENT DR	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DORELUS, WILFRID	
STREET ADDRESS	2330 NORTHWEST 180TH TERRACE	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOUIDOR, FRANCOIS	
STREET ADDRESS	2330 NORTHWEST 180TH TERRACE	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Celima, Joanes	
STREET ADDRESS	2330 Northwest 180th Terrace	
CITY-ST-ZIP	Carol City FL 33056	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vixamar, Alourdes	
STREET ADDRESS	8746 N Crescent Dr	
CITY-ST-ZIP	Miramar FL 33025	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorelus, Wilfrid	
STREET ADDRESS	2330 Northwest 180th Terrace	
CITY-ST-ZIP	Carol City FL 33056	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Loudor, Francois	
STREET ADDRESS	2330 Northwest 180th Terrace	
CITY-ST-ZIP	Carol City FL 33056	
TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michelle Corine Team	
STREET ADDRESS	5471-G SW 11th St	
CITY-ST-ZIP	Hialeah FL 33068-3385	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: *Michelle Corine Team*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 6, 2000/654/...  
Date Daytime Phone #

FILED  
Sep 12, 2000 8:00 am  
Secretary of State

05-11-2000 90306 036 \*\*\*\*61.25

09-12-2000 90009 043 \*\*\*\*61.25

A0076458



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)