

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 16, 2001 8:00 am
Secretary of State

05-16-2001 90390 030 ****61.25

DOCUMENT # N9800000 3986

1. Entity Name

A DRUH, INC

Principal Place of Business

Mailing Address

3500 N State Road 7 #202
Lauderdale Lakes FL
33319

A0068271

2. Principal Place of Business

3500 N State Road 7
Suite, Apt. #, etc.
202

3. Mailing Address

3500 N State Road 7
Suite, Apt. #, etc.
202

DO NOT WRITE IN THIS SPACE

City & State

Lauderdale Lakes FL

City & State

Lauderdale Lakes FL

4. FEI Number

65-0849128

Applied For

Not Applicable

Zip

33319

Country

USA

Zip

33319

Country

USA

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 Ave
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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CELIA Joanes 2330 N.W. 180th TERRACE Carol City FL 33056	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Cantave Gedeon 2330 N.W. 180th Terrace Carol City FL 33056	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Dorelus Wilfrid 2330 N.W. 180th Terrace Carol City FL 33056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Louder, Francois 2330 N.W. 180th Terrace Carol City FL 33056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michelle C. Pean 3500 N State Road 7 #202 Lauderdale Lakes FL 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Coordinator Joanes Celia 3500 N. State Road 7 #202 Lauderdale FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Alourdes Vixamar 2330 N.W. 180th Terrace Carol City FL 33056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (11/00)

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 C. Pean President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E-Mail: caripea@hotmail.com

04-20-01 954-4844-220

Date

Daytime Phone #