

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003986

1. Entity Name

ADRUH, INC.

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90094 012 ****61.25

Principal Place of Business

3500 N. STATE RD. 7
STE 202
LAUDERDALE LAKES FL 33319

Mailing Address

3500 N. STATE RD. 7
STE 202
LAUDERDALE LAKES FL 33319

2. Principal Place of Business

3500 N. State Rd 7
Suite, Apt., #, etc.

3. Mailing Address

Suite, Apt., #, etc.

202
City & State

LAUDERDALE LAKES FL

Zip
33319

Country

U.S. A

City & State

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

TITLE PD
NAME PEAN, MICHELLE
STREET ADDRESS 3500 N. STATE RD. 7
CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ Delete

TITLE V
NAME VIXAMAR, ALOURDES
STREET ADDRESS 3500 N. STATE RD. 7
CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ Delete

TITLE ST
NAME DORELUS, WILFRID
STREET ADDRESS 2330 NORTHWEST 180TH TERRACE
CITY-ST-ZIP CAROL CITY FL 33056 ☐ Delete

TITLE TD
NAME LOUIDOR, FRANCOIS
STREET ADDRESS 2330 NORTHWEST-180TH TERRACE
CITY-ST-ZIP CAROL CITY FL 33056 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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 duly empowered.

SIGNATURE: *Michelle Pean* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/02 954-4844220
Date Daytime Phone #

CR2E037 (9/01)