

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90103 029 ***150.00

DOCUMENT # P00000016527

1. Entity Name
A & D DRAFTING INC.

Principal Place of Business
 6320 GAUNLET HALL LANE
 FORT LAUDERDALE FL 33331

Mailing Address
 6320 GAUNLET HALL LANE
~~APT. 401~~
 FORT LAUDERDALE FL 33331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 6320 GAUNLET HALL LANE
 Suite, Apt. #, etc.

3. Mailing Address
 6320 GAUNLET HALL LANE
 Suite, Apt. #, etc.

City & State
 Fort Lauderdale, FL
Zip
 33331
Country
 USA

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 Fort Lauderdale FL
Zip
 33331
Country
 USA

4. FEI Number 65-0985033

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~HERNANDEZ, ARMANDO~~
~~5825 WEST 25TH CT.~~
~~APT. 401~~
~~HIALEAH FL 33016~~

7. Name and Address of New Registered Agent

Name
 Hernandez Armando
Street Address (P.O. Box Numbers Not Acceptable)
 6320 Gaunlet Hall Lane
City
 Fort Lauderdale **FL** **Zip Code**
 33331

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 *x Hernandez Armando* **DATE** 04/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERNANDEZ, ARMANDO 6320 GAUNLET HALL LANE FORT LAUDERDALE FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Armando Hernandez* **DATE** 04/30/02 **Daytime Phone #** (305) 592-1722 ext 230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)