

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90296 004 ***158.75

DOCUMENT # P00000028326

1. Entity Name
ADS SYSTEMS, INC.

Principal Place of Business
**2365 SOUTHWEST 34TH STREET
 UNIT 2
 FORT LAUDERDALE FL 33312**

Mailing Address
**2365 SOUTHWEST 34TH STREET
 UNIT 2
 FORT LAUDERDALE FL 33312**

C0015789



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-099-1262

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name

AMIT ZEMACH

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

10130 NW 13 ST

City

PLANTATION

FL

Zip Code

33322

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

AMIT ZEMACH

1-29-01

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, 2001 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 **PD** ☐ Delete
 NAME **TEKOA, SHIMON**
 STREET ADDRESS **2365 SOUTHWEST 34TH STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Change ☐ Addition
 NAME **2365 SW 34 ST #2**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **SIMKIN, DORON**
 STREET ADDRESS **2365 SOUTHWEST 34TH STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Change ☐ Addition
 NAME **2365 SW 34 ST #2**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **CEAMACH, AMIT**
 STREET ADDRESS **2365 SOUTHWEST 34TH STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Change ☐ Addition
 NAME **AMIT ZEMACH**
 STREET ADDRESS **2365 SW 34 ST #2**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

☐ 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:

AMIT ZEMACH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-01

Date

954-316-2198

Daytime Phone #

CR2E034 (10/00)