

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90239 026 \*\*\*150.00

**DOCUMENT #** P00000046097

**1. Entity Name**

ADRE CORP

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
261 Westward Dr

**3. Mailing Address**

Suite, Apt. #, etc.  
207

Suite, Apt. #, etc.

City & State  
Miami, FL

City & State

Zip  
33166

Country  
Miami-Dade

Zip

Country

**4. FEI Number**  
65-1006313

Applied For  
Not Applicable

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

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**7. Name and Address of Current Registered Agent**

Name  
Jonathan E. Yager

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

Suite 207

City Miami

FL Zip Code  
33166

**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**

Jonathan E. Yager

4/24/02

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE  
NAME  
D  
Yager, Jonathan E.  
STREET ADDRESS  
261 Westward Dr, Miami FL 33166  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
D  
Vallarino, Adriana  
STREET ADDRESS  
261 Westward Dr, Miami FL 33166  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

Jonathan E. Yager 4/28/02 305-663-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)