

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State
 04-14-2001 90028 045 ***158.75

0263304

DOCUMENT # P00000092309

1. Entity Name

ADNEL TRANSPORTATION, INC.

Principal Place of Business

**6193 ROCK ISLAND ROAD #410
 TAMARAC FL 33319**

Mailing Address

**6193 ROCK ISLAND ROAD #410
 TAMARAC FL 33319**

2. Principal Place of Business

6583 BLVD OF CHAMPIONS

Suite, Apt. #, etc.

3. Mailing Address

6583 BLVD OF CHAMPIONS

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. LAUDERDALE FL

City & State

N. LAUDERDALE FL

4. FEI Number

65-1028787

Applied For

Not Applicable

Zip

33068

Country

BROWARD

Zip

33068

Country

BROWARD

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FOSTER, CLINT A
 6193 ROCK ISLAND ROAD #410
 TAMARAC FL 33319**

7. Name and Address of New Registered Agent

Name

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

6583 BLVD OF CHAMPIONS

City

N. LAUDERDALE

FL

Zip Code

33068

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

Nylphia A. Foster

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-01

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

TITLE **P** ☐ Delete
 NAME **FOSTER, CLINT A**
 STREET ADDRESS **6193 ROCK ISLAND ROAD #410**
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **VP** ☐ Delete
 NAME **FOSTER, NYLPHIA A**
 STREET ADDRESS **6193 ROCK ISLAND ROAD #410**
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6583 BLVD OF CHAMPIONS**
 CITY-ST-ZIP **N. LAUDERDALE FL 33068**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **6583 BLVD OF CHAMPIONS**
 CITY-ST-ZIP **N. LAUDERDALE FL 33068**

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TITLE ☐ 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:

Nylphia A. Foster
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-01 954-309-3363

CR2E034 (10/00)