FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

04/26/02

Daytung Physic #

RIANO SCHEGHERASTEIN, President

DOCUMENT # P 00000101641					05-21-2002 90881 011 ***158.75	
1. Entity Name ADVANCED DIGITAL EQUIPMENT, INC.						
DO NOT WRITE IN THIS SPACE						
	Place of Business SW 47th Avenue, 3. Mailing Address 3711 SW 47th Avenue			nue		
	ite 207 Suite 207			DO NOT WRITE IN THIS SPACE		S SPACE
	City & State Ft.Lauderdale, FL City & State Ft.Lauderdale,			4. FE! Number Applied For FL 65–1057375 Not Applicable		
Zip	Country USA	Zip 33314	Coun	~	5. Certificate of Status Desired	\$8.75 Additional Fee Required
د در خوت	2214 USA	33314			7. Name and Address of Current Registe.	red Agent
DO NOT WRITE				Name SCHEGHERASTEIN, RIANO Street Address (P.O. Box Number is Not Acceptable) 3711 SW 47th Avenue,		
÷	IN THIS SP	ACE	A SAN	Suite 2		
			Salar.	City FT LAUD		L Zip Code 33314
8. The above named carity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE RIANO SHEGHERASTEIN, 04/26/02						
Segnature, typed or printed name of registered agent and title if applicable. INOTE: Registered Agent signature required when reinstalling. DATE,						
9. This corporation is eligible to satisfy its Intangible Tax filling 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 \$81.25 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State						
11,	OFFICERS AND I	A 10-44-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	ile (O'D		開発 たた機能 A Time A Ti	
nite	PSTD		₫ TIÍL	4 . 63 . 4 . B 1	· 理】 事件学的 1 多点各点点	उ <i>ार्य विश्वव</i> र्ध
NAME	schecherastein, riano					(12/
STREET ADDRESS	1042 NE 17130 DCLCCC, # 400			ET ADDRESS +	and the second s	, , B
CITY-ST-ZIP	N Miami Beach, FL	33160				<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP			7.4	. I ·		CR2E034B (12/01)
TETLE			4 mî	PA 2 4 1245.	STATE OF THE PARTY	
KAME		ra -	3.46			The transfer of
STREET ADDRESS CITY-ST-ZIP			存在	ET ADORESS Port of the state	DO NOT WE	RITE
			îni.	23.44		
TITLE NAME					IN THIS SPA	ACE
STREET ADDRESS	ESS			ET ADDRESS		
CHY-SI-ZIP			ÇİİY	ST-ZIP	Carrier State Comment	
TIBLE			5 TITU 1)30°	2性。2的AESE21971号音经数数。		
NAME STREEL ADDRESS				E AODRESS		The same was the
CHY-ST-ZIP			37.403	-ST-ZIP		
MILE	, ,	1 1	THU		granger or an indicate the specific terms of	A CONTRACTOR OF THE STATE OF TH
NAME + + +	State of the state		NAM		144	10 10 10 10 10 10 10 10 10 10 10 10 10 1
STREET ADDRESS CITY+ST+7IP	* **	, · ·	- 1	ET ADDRESS		
13. I hereby	L certify that the information supplied with	this filing does not qualify to	r the exe	motion stated in Se	ection 119 07(3)(i) Florida Statutes 16 ethor	certify that the information
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 eath; that I am an officer or director of the corporation or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an						

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR