

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

05-21-2002 90881 011 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 00000101641

1. Entity Name

ADVANCED DIGITAL EQUIPMENT, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3711 SW 47th Avenue,

3. Mailing Address

3711 SW 47th Avenue

Suite, Apt. #, etc.

Suite 207

Suite, Apt. #, etc.

Suite 207

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-1057375

Applied For

Not Applicable

Zip

33314

Country

USA

Zip

33314

Country

USA

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

7. Name and Address of Current Registered Agent

Name
SCHEGHERASTEIN, RIANO

Street Address (P.O. Box Number is Not Acceptable)
3711 SW 47th Avenue,

Suite 207

City

FT. LAUDERDALE

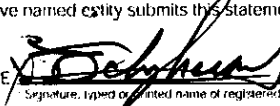
FL

Zip Code

33314

**DO NOT WRITE
IN THIS SPACE**

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  RIANO SCHEGHERASTEIN, 04/26/02

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

INCITE - 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
STREET ADDRESS
CITY-ST-ZIP
PSTD
SCHEGHERASTEIN, RIANO
3642 NE 171st Street, # 408
N Miami Beach, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RIANO SCHEGHERASTEIN, President

04/26/02

Date

Daytime Phone #

CR2E034B (12/01)