

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
 04-13-2001 90061 007 ***158.75

DOCUMENT # P00000103970

1. Entity Name

ADOUE GROUP, INC.

Principal Place of Business

**4541 NW 79 AVE.
 LAUDERHILL FL 33351**

Mailing Address

**4541 NW 79 AVE
 LAUDERHILL FL 33351**

2. Principal Place of Business

Broward

3. Mailing Address

5672 Rock Island Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC FLORIDA

Zip

Country

Zip

Country

33319

Broward

4. FEI Number

65-1053428

Applied For

Not Applicable

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

ADOUE, FERNANDO

4541 NW 79 AVE

LAUDERHILL FL 33351

Name

FERNANDO ADOUE

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

5672 ROCK ISLAND RD

City

TAMARAC

FL

Zip Code

33319

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-09-2001

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 **D** ☐ Delete
 NAME **ADOUE, FERNANDO**
 STREET ADDRESS **4541 NW 79 AVE**
 CITY-ST-ZIP **LAUDERHILL FL 33351**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

JUAN FERNANDO ADOUE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 741-0676

CR2E034 (10/00)