

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90320 009 \*\*\*150.00

**DOCUMENT # P01000000938**

1. Entity Name  
**ADR SYSTEMS USA, INC.**



Principal Place of Business

~~536 BILTMORE WAY~~  
~~CORAL GABLES FL 33134~~

Mailing Address

~~536 BILTMORE WAY~~  
~~CORAL GABLES FL 33134~~

2. Principal Place of Business

**8830 Fontainebleau Blvd**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**102**

City & State

**Miami, FL**

Zip

**33172**

Country

**DADE**

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1065792**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~CUEVAS, ANDREW ESQ.~~  
~~CUEVAS & RUBIN, P.A.~~  
~~536 BILTMORE WAY~~  
~~CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **PST OBELMEJAS, LUIS ARTURO**

STREET ADDRESS ~~536 BILTMORE WAY~~

CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete

NAME **VPD OBELMEJAS, LUIS ARTURO**

STREET ADDRESS ~~536 BILTMORE WAY~~

CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete

NAME **Obelmejias, Luis Arturo**

STREET ADDRESS **8830 Fontainebleau Blvd, # 102**

CITY-ST-ZIP **Miami, FL 33172**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with a power like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/18/03 (305)480 7881**

Date

Daytime Phone #

CR2E034 (10/02)