

**-2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91341 018 \*\*\*150.00

**DOCUMENT # P01000023209**

1. Entity Name

ADM WORLD WIDE INC

Principal Place of Business

8075 SW 107TH AVENUE

APT 310

MIAMI FL 33176

Mailing Address

8075 SW 107TH AVENUE

APT 310

MIAMI FL 33173

2. Principal Place of Business

9890 SW 88 Street

3. Mailing Address

9890 SW 88 Street

Suite, Apt. #, etc.

H 108

Suite, Apt. #, etc.

H 108

City &amp; State

Miami FL

City &amp; State

Miami FL

Zip

33176

Country

USA

Zip

33176

Country

4. FEI Number

65-1081568

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MALEK, ALI A  
8075 SW 107TH AVENUE  
APT 310  
MIAMI FL 33173

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.

SIGNATURE

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

(NOTE: 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) ☐**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD MALEK, ALI A	8075 SW 107TH AVENUE APT 310	MIAMI FL 33173
		9890 SW 88 ST	33176 # H108
	VD MALEK, FATEMEH D	8075 SW 107TH AVENUE APT 310	MIAMI FL 33173
		9890 SW 88 ST	33176 # H108
	SD MALEK, HAMDAM	8075 SW 107TH AVENUE APT 310	MIAMI FL 33173
		9890 SW 88 ST	33176 # H108

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/02

Daytime Phone #

305 934 0554

CR2E034 (9/01)