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2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE >

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 30, 2002 8:00 am P01000084186 **Secretary of State** DOCUMENT # 1. Entity Name 01-30-2002 90150 019 ***150.00 ADAMS HOUSE II CORP. Principal Place of Business Mailing Address 3412 MAIN HIGHWAY 3412 MAIN HIGHWAY MIAMI FL 33133 **MIAMI FL 33133** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65 - 11*3*3794 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -RODRIGUEZ LOPEZ, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 3412 MAIN HIGHWAY MAIN HIGHWAY **MIAMI FL 33133** MIAM 1 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. FODRIGUEZ SIGNATURE XXX (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) PRES IDENT TITLE TITLE Change ☐ Addition ✓ Delete LOPEZ, EDUARDO NAME NAME CARLOS RODRIGHEZ 3412 MAIN HIGHWAY STREET ADDRESS STREET ADDRESS 3412 MAIN HIGHWAY MIAMI FL 33133 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-7IP CITY-ST-ZIP 13. | 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 applicance with an applicance of the corporation of th

Daytime Phone #