

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

05-20-2002 90041 027 ***158.75
 09-11-2002 90078 050 ***558.75

DOCUMENT # P01000095430

1. Entity Name
ADAMS PROPERTY CORPORATION

Principal Place of Business

8775 SW 129 STREET
MIAMI FL 33176

Mailing Address

8775 SW 129 STREET
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-114 3292

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

ADAMS, RICHARD
8640 SW 126 TERRACE
MIAMI FL 33156

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, RICHARD 8640 SW 126 TERRACE MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, JAMES H 18404 SW 87 COURT MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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

Daytime Phone #

RESIDENT 9-9-02 305-233-8199

MAY 17 2002

Attachment

FOR DEPOSIT ONLY
ACCT.# 1009068796

MAY 17 2002

979851

PO1000695430

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR NATIONAL INSTITUTION USE

2146 92890

2146 92898

MAY 24 02

BANK OF AMERICA, NA JAX
063800074 6613 90 PAX
05/24/02

100

PLEASE NOTE THAT YOUR
DEPARTMENT PROCESSED THIS
SAME REPORT ON OR
BEFORE MAY 17, 2002, THE
DATE OF PAYMENT OF
CHECK # 1006.

PLEASE ADVISE
AS TO PROCEDURE
TO RECONCILE

THANK
AAA

GUARDIAN & SAFETY
 ©Clarke American BA
 100000015875
 430472 1006
 ADAMS PROPERTY CORPORATION
 8640 SW 126 TER
 PINECREST, FL 33156
 PAY TO THE ORDER OF
 \$ 158.75
 ONE HUNDRED FIFTY EIGHT AND 75/100 DOLLARS
 FOR DEPOSIT ONLY
 ALL
 050315695
 DATE 4-27-02
 03 05 28 02
 0001006
 0056004600
 04779145106
 Coconut Grove Bank
 Palmetto Bay Office
 Miami, Florida 33176
 63-460/565
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