

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90022 040 ***150.00

0050594

DOCUMENT # P34905

1. Entity Name

ADROIT \U.S.\ PROPERTY CORPORATION

Principal Place of Business

C/O AVANTI PROPERTIES GROUP
431 EAST HORATIO AVE., SUITE 210
MAITLAND FL 32751
US

Mailing Address

C/O AVANTI PROPERTIES GROUP
431 EAST HORATIO AVE., SUITE 210
MAITLAND FL 32751
US

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

98-0080166

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Name **Charles Schwartz**
Street Address (P.O. Box Number is Not Acceptable)
c/o AVANTI Properties Group
431 E. Horatio #210
City **Maitland** FL **32751**

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

Charles Schwartz

Charles Schwartz

3/27/2001

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, 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	AT	<input type="checkbox"/> Delete
NAME	SHERMAN, B	
STREET ADDRESS	431 E HORATIO AVE #210	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHWARTZ, CHARLES	
STREET ADDRESS	%431 E. HORATIO AVE, #210	
CITY-ST-ZIP	MAITLAND FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSEN, DAWN	
STREET ADDRESS	%22 ST. CLAIR AVE. EAST	
CITY-ST-ZIP	TORONTO, ONT., CANADA	
TITLE	TCD	<input type="checkbox"/> Delete
NAME	COHEN, JUDITH LOEB	
STREET ADDRESS	%22 ST. CLAIR AVE. EAST	
CITY-ST-ZIP	TORONTO, ONT., CANADA	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHAPIRO, MARVIN M.	
STREET ADDRESS	%431 E. HORATIO AVE, #210	
CITY-ST-ZIP	MAITLAND FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CHILDRESS, JANET	
STREET ADDRESS	431 E HORATION AVE #210	
CITY-ST-ZIP	MAITLAND FL	

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

3/28/2001

407-6288488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)