

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90225 040 ***150.00

DOCUMENT # P92000006264

1. Entity Name
ADLER PROPERTIES, INC.

Principal Place of Business

**1400 NW 107 AVE
 5TH FLOOR
 MIAMI FL 33172
 US**

Mailing Address

**1400 NW 107 AVE
 5TH FLOOR
 MIAMI FL 33172
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0377665

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEVY, JOEL
 1400 NW 107 AVE.
 5TH FLOOR
 MIAMI FL 33172**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPCE	<input type="checkbox"/> Delete
NAME	ADLER, MICHAEL M	
STREET ADDRESS	1400 NW 107 AVE, 5TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	DEVA	<input type="checkbox"/> Delete
NAME	LEVY, JOEL	
STREET ADDRESS	1400 NW 107 AVE, 5TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ARRIZURIETA, LUIS	
STREET ADDRESS	1400 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ADLER, LINDA K	
STREET ADDRESS	1400 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/EX/AS	<input checked="" 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
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:

Joel Levy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVP

4/29/02
 Date

305-392-4050
 Daytime Phone #

CR2E034 (9/01)