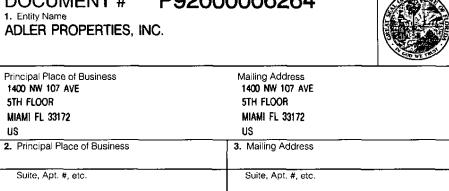
## **FILED** Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90167 031 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P92000006264 DOCUMENT # 1. Entity Name ADLER PROPERTIES, INC.



|--|

US		US	US									
2. Principal F	Place of Business	3. Mailii	3. Mailing Address				) (DQ1  BE    B   Q1  B   B  ) 2-0  A   B     40		(III IIIII	BIII: 0101 1001		
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Stat	e	City 8	City & State				65-0377665	65-0377665 Applied For Not Applicable				
Zip Country			Zip	Zip Count			5. Certificate of Status Desired S8.75 Additional Fee Required					
Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
						Name						
LEW, JOEL						Street Address (P.O. Box Number is Not Acceptable)						
1400 NW 107 AVE.												
5TH FLOOR							·					
MIAMI FL 33172						City Zip Code						
3. 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.												
DIGITI II OF IE	Signature, typed or printed	i name of registered agen	t and title if applic	cable. (NOTE:	Registered	d Agent signatu	re required when re	einstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financir     Trust Fund Contribution.	· —		May Be to Fees	
10.		OFFICERS AND	DIRECTOR	s	11.		AD	DITIONS/CHANGES TO OFFICER	S AND DIRE	CTORS	IN 11	
title Name	DPCE ADLER, MICHA			☐ Delete	TITLE	: ]			□ c	hange	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1400 NW 107 A MIAMI FL	AVE, 5TH FLO	JR			ET ADDRESS - ST - ZIP	***					
TITLE	DEVA			Delete	TITLE				☐ C	hange	☐ Addition	
name Street address	LEVY, JOEL	VE, 5TH FLO	ΔD		NAME	ET ADDRESS					}	
CITY-ST-ZIP	MIAMI FL	AVE, SIN FLO	JH		-	ST-ZIP						
TITLE	DST		4	☐ Delete	TITLE					hange	Addition	
NAME	ARRIZURIETA, L	.UIS		_ 53,615	NAME	:			_		_	
STREET ADDRESS	1400 NW 107 A	VE				ET ADDRESS					}	
CITY-ST-ZIP	MIAMI FL				+	ST-ZIP						
TITLE	as Adler, Linda i	,		☐ Delete	TITLE				☐ CI	nange	☐ Addition	
name Street address	1400 NW 107 A					ET ADDRESS		,			ĺ	
CITY-ST-ZIP	MIAMI FL					ST-ZIP			•			
TITLE				☐ Delete	TITLE	<del>-  </del>			<u></u> □ ct	nange	Addition	
NAME					NAME						ĺ	
STREET ADDRESS						T ADDRESS						
CITY-ST-ZIP		·			-	ST-ZIP	_					
TITLE NAME				Delete	TITLE NAME	1			CI	nange	Addition )	
STREET ADDRESS						T ADDRESS						
					1							

12. Thereby 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appears with all other like empowered. changed, or on an attachmen 🖈 ith all other like empowered.

**SIGNATURE:**