

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000011855

1. Entity Name

ADLER GROUP CONSTRUCTION, INC.

*Flexx Construction, Inc.*

Principal Place of Business

1400 N.W. 107 AVE.  
5TH FLOOR  
MIAMI FL 33172

Mailing Address

1400 N.W. 107 AVE.  
5TH FLOOR  
MIAMI FL 33172-2746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LEVY, JOEL  
1400 N.W. 107 AVE., 5TH FLOOR  
MIAMI FL 33172

7. Name and Address of New Registered Agent

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, 2000 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

TITLE ☐ Delete  
NAME DPCE  
STREET ADDRESS ADLER, MICHAEL M  
CITY-ST-ZIP 1400 N.W. 107 AVE, 5TH FLOOR  
MIAMI FL

TITLE ☐ Delete  
NAME DST  
STREET ADDRESS ARRIZVRIETA, LUIS  
CITY-ST-ZIP 1400 N W 107TH AVENUE  
MIAMI FL 33172

TITLE ☐ Delete  
NAME DEVA  
STREET ADDRESS LEVY, JOEL  
CITY-ST-ZIP 1400 N.W. 107 AVE, 5TH FLOOR  
MIAMI FL

TITLE ☐ Delete  
NAME AS  
STREET ADDRESS ADLER, LINDA K  
CITY-ST-ZIP 1400 N.W. 107 AVE, 5TH FLOOR  
MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda B. Adler, Assistant Secretary

Date

Daytime Phone #

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90015 003 \*\*\*150.00

00037396



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0388089** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (9/99)