

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90104 039 \*\*\*150.00

**DOCUMENT # P93000034958**

1. Entity Name

**ADAM ENTERPRISES DISTRIBUTORS, INC.**

Principal Place of Business

Mailing Address

2381 SW 80TH CT  
 MIAMI FL 33155  
 US

2381 SW 80TH CT  
 MIAMI FL 33155-1261  
 US

C0075762



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8001 SW 24 Street**

Suite, Apt. #, etc.

3. Mailing Address

**8001 SW 24 Street**

Suite, Apt. #, etc.

City & State

**Miami FL**

Zip

**33155**

Country

**Miami-Dade**

City & State

**Miami FL**

Zip

**33155**

Country

**Miami-Dade**

4. FEI Number

**65-0409571**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BENITEZ, JUAN M.**  
**2381 SW 80TH COURT**  
**MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**8001 SW 24 Street**

City

**Miami**

**FL**

Zip Code

**33155**

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 **D** ☐ Delete  
 NAME **BENITEZ, JUAN M.**  
 STREET ADDRESS **2381 SW 80TH CT.**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **V** ☐ Delete  
 NAME **NUSSBAUMER, FRANCISCO**  
 STREET ADDRESS **CARRERA 60 NO. 7721**  
 CITY-ST-ZIP **BARRANQUILLA CO**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 **8001 SW 24 Street**  
 CITY-ST-ZIP **Miami Fl 33155**

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

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

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

CR2E034 (9/99)

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 #

**4-18-00**

**305 369-4141**