

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000003921

1. Entity Name

ADELMAN DEVELOPMENT CORPORATION

Principal Place of Business

2903 E ABIACA CIRCLE
DAVIE FL 33328

Mailing Address

2903 E. ABIACA CIRCLE
DAVIE FL 33328
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 65-0091627

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

ADELMAN, HAROLD
888 SE 3RD AVE., STE #201
SUITE 1
FT. LAUDERDALE FL 33316

Name

HAROLD ADELMAN

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

2903 E. ABIACA CIRCLE

City

DAVIE

FL

Zip Code

33328

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 *Harold Adelman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/19/01

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 ☐ Delete
NAME D
STREET ADDRESS ADELMAN, SHIRLEY
CITY-ST-ZIP 960 MOCKINGBIRD LANE
PLANTATION FL 33320

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: *Harold Adelman* HAROLD ADELMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/01

DATE

954-412-8800

Daytime Phone #

FILED

Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90350 002 ***150.00

815149



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)