

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90045 026 \*\*\*158.75

DOCUMENT # **P94000003921**

1. Entity Name

**ADELMAN DEVELOPMENT CORPORATION**



**DO NOT WRITE IN THIS SPACE**

44021925

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**7208 FAIRFAX DRIVE**

Suite, Apt. #, etc.

**105**

City & State

**TAMARAC FL**

Zip **33321**

Country

**BR. WARD**

3. Mailing Address

**7208 FAIRFAX DRIVE**

Suite, Apt. #, etc.

**105**

City & State

**TAMARAC FL**

Zip **33321**

Country

**BR. WARD**

4. FEI Number

**65-0091627**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**HAROLD ADELMAN**

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

**7208 FAIRFAX DRIVE 105**

City

**TAMARAC**

FL

Zip Code

**33321**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**HAROLD ADELMAN**

*Harold Adelman*

**3/24/04**

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<b>D</b>	<b>SHIRLEY ADELMAN</b>	<b>7208 FAIRFAX DRIVE 105</b>				
		<b>TAMARAC FL</b>	<b>33321</b>				

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Harold Adelman*

**HAROLD ADELMAN**

Date

**3/24/04**

Daytime Phone

**954 829-2903**

CR2E034B (12/02)