

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90379 006 \*\*\*150.00

**DOCUMENT # P94000006733**

1. Entity Name  
**ADS VENTURES, INC.**

Principal Place of Business  
**2755 E OAKLAND PARK BLVD  
SUITE 303  
FORT LAUDERDALE FL 33306**

Mailing Address  
**2755 E OAKLAND PARK BLVD  
SUITE 303  
FORT LAUDERDALE FL 33306**

2. Principal Place of Business  
**2755 E. OAKLAND Pk. Blvd.**

3. Mailing Address  
**2755 E. OAKLAND Pk. Blvd.**

Suite, Apt. #, etc.  
**SUITE 300**

Suite, Apt. #, etc.  
**SUITE 300**

City & State  
**FT. LAUDERDALE, FL**

City & State  
**FT. LAUDERDALE, FL**

Zip  
**33306**

Country

Zip  
**33306**

Country

4. FEI Number  
**65-0462976**

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**SADRIWALLA, ABBAS A  
2755 E OAKLAND PARK BLVD  
SUITE 303  
FORT LAUDERDALE FL 33306**

## 7. Name and Address of New Registered Agent

Name **ABBAS A. SADRIWALLA**  
Street Address (P.O. Box Number is Not Acceptable)  
**2755 E. OAKLAND PARK BLVD, SUITE 300**  
City **FT. LAUDERDALE** FL Zip Code **33306**

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 **Abbas A. Sadriwalla ABBAS A. SADRIWALLA 04-16-02**

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, 2002 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 **SADRIWALLA, ABBAS A**  
STREET ADDRESS **2755 E OAKLAND PARK BLVD SUITE 303**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

TITLE **D** ☐ Delete  
NAME **DEBORAH SADRIWALLA**  
STREET ADDRESS **2755 E OAKLAND PARK BLVD SUITE 303**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

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

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **2755 E. OAKLAND Pk. BLVD., SUITE 300**  
CITY-ST-ZIP

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **2755 E. OAKLAND Pk. BLVD., SUITE 300**  
CITY-ST-ZIP

☐ Change ☐ Addition  
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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: **Abbas A. Sadriwalla ABBAS A. SADRIWALLA 04-16-02 (954) 566-0004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)