

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

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90613 035 \*\*\*150.00

**DOCUMENT # P94000041098**  
1. Entity Name  
**AMERICAN DEVELOPMENTS INTERNATIONAL, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>C/O PAUL SCHNEIDER, CPA</b> Suite, Apt. #, etc. <b>7860 PETERS RD, F-110</b> City & State <b>PLANTATION, FL</b> Zip <b>33324</b> Country <b>USA</b>		3. Mailing Address <b>C/O PAUL SCHNEIDER, CPA</b> Suite, Apt. #, etc. <b>7860 PETERS RD, F-110</b> City & State <b>PLANTATION, FL</b> Zip <b>33324</b> Country <b>USA</b>	
---	--	---	--

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0496248</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>SCHNEIDER, PAUL F.</b>
Street Address (P.O. Box Number is Not Acceptable) <b>7860 PETERS RD, F-110</b>
City <b>PLANTATION</b> State <b>FL</b> Zip Code <b>33324</b>

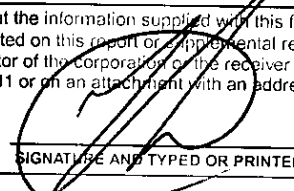
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--	--

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPST KOPPEL, FRANK 3701 N COUNTRY CLUB DR, 1704 N. MIAMI BEACH, FL 33180</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **FRANK KOPPEL, DIRECTOR** /29/02 954-474-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)