

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**2000**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000090435**

1. Corporation Name  
**AD PROFESSIONAL SERVICES, INC.**

Principal Place of Business

8433 W OKEECHOSSEE RD  
#219  
HIALEAH FL 33016  
US

Mailing Address

2050 WEST 56TH ST  
SUITE 32  
HIALEAH FL 33016  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1994

4. FEI Number

65-0539414

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21

2a. Mailing Address

2a

2023 W. 62 ST

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

#300

City & State

23

City & State

Hialeah, FL

Zip

24

Country

25

Zip

33016

Country

30

9. Name and Address of Current Registered Agent

RIVERO, ADRIEN  
10550 N.W. 77TH CT.  
#219  
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name

81

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

82

83

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO** ☐ DELETE

NAME **RIVERO, ADRIEN**  
STREET ADDRESS **10550 N.W. 77TH CT. #219**  
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **5940 N.W. 115 ST**

1.4 CITY-ST-ZIP **Hialeah, FL 33012**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE:

**Adrien J. Rivero** 4-27-00 (305) 823-1705

CHARTERED AND LIMITED PARTNERSHIP AGING OFFICER OR DIRECTOR

FILED

00 APR 28 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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