

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000010535**

1. Entity Name

THE ADLER COMPANIES, INC.**FILED****May 17, 2000 8:00 am**
Secretary of State

05-17-2000 91173 001 ***450.00

Principal Place of Business

Mailing Address

9350 SUNSET DR
SUITE 100
MIAMI FL 331739350 SUNSET DR
SUITE 100
MIAMI FL 33173-3245**15511**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0557004

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	* P	<input type="checkbox"/> Delete
NAME	CARR, JAMES M	
STREET ADDRESS	9350 SUNSET DR	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VS T	<input type="checkbox"/> Delete
NAME	EISENACHER, HAROLD	
STREET ADDRESS	9350 SUNSET DR	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHERNUYS, LEONARD R	
STREET ADDRESS	9350 SUNSET DR	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCRAW, MICHAEL	
STREET ADDRESS	2740 N DALLAS PKWY STE 200	
CITY-ST-ZIP	PLANO TX 75093	
TITLE	V	<input type="checkbox"/> Delete
NAME	IBARRIA, DIANA	
STREET ADDRESS	9350 SUNSET DR	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREAS STENGOS	
STREET ADDRESS	20, SOLOMOU STR ALIMOS	
CITY-ST-ZIP	174 56 ATHENS, GREECE	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERNYS, LEONARD R.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Harold Eisenacher
Eisenacher**5/1/00****305-595-3281**