

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90183 024 \*\*\*150.00

**DOCUMENT # P95000065859**

1. Entity Name  
**ADRIAN SERVICES DIV., INC.**

Principal Place of Business Mailing Address  
**7809 WEST COMMERCIAL BOULEVARD 7809 WEST COMMERCIAL BOULEVARD**  
**TAMARAC FL 33351 TAMARAC FL 33351**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0611360** Applied For  
 Not Applicable

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

**DE PALO, YOLANDA**  
**7809 WEST COMMERCIAL BOULEVARD**  
**TAMARAC FL 33351**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DE PALO, YOLANDA</b> <b>7809 WEST COMMERCIAL BOULEVARD</b> <b>TAMARAC FL 33351</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ABADIE, JUAN P</b> <b>7809 W COMMERCIAL BLVD</b> <b>TAMARAC FL 33351</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

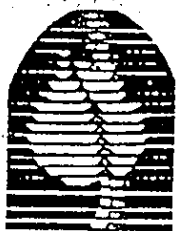
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)



## Adrian Services Div., Inc.

• 7809 W. Commercial Blvd. • Tamarac, FL 33351  
• P.O. Box 25986 • Tamarac, FL 33320

Telephone (954) 742-0994  
Beeper 493-0045

Attachment  
P95000065859  
120325

07-05-02

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

I WAS VERY SURPRISED TO RECEIVE THIS  
VB12-2002 FORM CALLING FOR A \$550.-  
PAYMENT.

ACCORDINGLY, THIS FORM, AS I JUST FOUND OUT  
WAS DUE ON OR BEFORE MAY 1, 2002.  
HOWEVER, I HAVE NOT RECEIVED ANY OTHER  
NOTICE OR REPORT CONCERNING THE 2002 ANNUAL  
PRIOR TO THIS DAY.

PLEASE ACCEPT MY SINCERE APOLOGIES AND  
THIS CHECK FOR \$150.- IN FULL PAYMENT  
FOR THE VB12-2002

JOA  
SINCERELY,

JUAN P. ABADIE  
DIRECTOR