

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90064 042 ***150.00

DOCUMENT # P95000074195
 1. Entity Name
ADAM HOME, INC.

Principal Place of Business Mailing Address
158 West 8th St 158 West 8th St.
Hialeah, FL 33010 Hialeah, FL 33010

953459

2. Principal Place of Business 3. Mailing Address
158 West 8th St 158 West 8th St
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
Hialeah FL Hialeah, FL
 Zip Country Zip Country
33010 33010

4. FEI Number Applied For
65-0623286 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Barbara Perez
158 West 8th St.
Hialeah, FL 33010

7. Name and Address of New Registered Agent
 Name Barbara Perez
 Street Address (P.O. Box Number is Not Acceptable) 158 West 8th St.
 City Hialeah FL Zip Code 33010

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 Barbara Perez Barbara Perez, Pres 4-12-00
 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 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	<u>Pres./Vice Pres./Sec. Treas.</u> <input type="checkbox"/> Delete <u>Barbara Perez</u> <u>158 West 8th St.</u> <u>Hialeah, FL 33010</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Pres./Vice Pres./Sec. Treas.</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Barbara Perez</u> <u>158 West 8th St</u> <u>Hialeah, FL 33010</u>
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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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: Barbara Perez 4-12-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)