

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90105 044 ***150.00

DOCUMENT # P96000013894

1. Entity Name

I. ADJUST, INC.

Principal Place of Business

**2555 NE 11TH ST., STE 710
 FT. LAUDERDALE FL 33304**

Mailing Address

**2555 NE 11TH ST., STE 710
 FT. LAUDERDALE FL 33304**

2. Principal Place of Business

2847 NE 15 STREET

Suite, Apt. #, etc.

3. Mailing Address

2847 NE 15 STREET

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL.

City & State

POMPANO BEACH, FL.

Zip
33062

Country
USA

Zip
33062

Country
USA

4. FEI Number **65-0650685**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, LISA L

**2555 NE 11TH ST., STE. 110
 FT. LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name **COHEN, LISA L.**

Street Address (P.O. Box Number is Not Acceptable)
2847 NE 15 STREET

City **POMPANO BEACH, FL**

Zip Code **33062**

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 **LISA L. COHEN**

4-08-02

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, 2002 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

TITLE **D** ☐ Delete
 NAME **COHEN, LISA L**
 STREET ADDRESS **2555 NE 11TH ST., STE 710**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **COHEN, LISA L.**
 STREET ADDRESS **2847 NE 15 STREET**
 CITY-ST-ZIP **POMPANO BEACH, FL. 33062**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
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 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 Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: **LISA L. COHEN, PRES. 4-8-02 (954) 784-1164**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)