

# 0102 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: P96000031310

1. Entity Name

ADIA CORP.

Principal Place of Business

Mailing Address

236 S.W. 12 AVE.  
MIAMI, FL. 33130

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

65-0741557

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

02 APR 29 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AIDA LOPEZ  
236 S.W. 12 AVE.  
MIAMI, FL. 33130

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.

SIGNATURE

Aida Lopez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AIDA LOPEZ  
236 S.W. 12 AVE.  
MIAMI, FL. 33130 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500005389415--5  
-04/30/02--01016--020  
\*\*\*\*150.00 \*\*\*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MIAMI, FL. 33130 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500005389415--5  
-04/30/02--01016--021  
\*\*\*\*150.00 \*\*\*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Aida Lopez

**PROF. BUSS. ACTNG. INC.**

**312-A S. W. 12<sup>TH</sup> AVENUE, MIAMI, FLORIDA 33130**

**305-642-3679 305-642-392/FAX**

**EMAIL: vamean@aol.com**

**March 25, 2002**

**Mr. Sean Toner**

**Senior Section Administrator**

**Division of Corporations - Florida Dept. of State**

**P. O. Box 6327**

**Tallahassee, Florida 32314**

**Dear Mr. Toner:**

**As per our telephone conversation, our client, Adia Corp., mailed their annual return filling for year 2001 on March, 2001. This year they did not receive a new form for year 2002 and we prepared a form. In turn you sent it back to our client because of the problem in year 2001. As per your instructions, we are enclosing the form along with a payment for each year to bring the corporation up to date. Any questions, please feel free to contact me. Thank you for your assistance and attention to this matter.**

**Sincerely,**



**Lawrence G. Herrero, President  
Prof. Buss. Actng., Inc.**