

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90027 001 ***150.00

DOCUMENT # P96000081290

1. Entity Name

ADAM JORDAN ASSOCIATES, INC.

Principal Place of Business

**1489 W PALMETTO PK RD
 #434
 BOCA RATON FL 3486**

Mailing Address

**1489 W PALMETTO PK RD
 #434
 BOCA RATON FL 3486**

2. Principal Place of Business

**8016 Wiles Rd
 Suite/Apt. #, etc.
 # 9**

3. Mailing Address

**8016 Wiles Rd
 Suite/Apt. #, etc.
 # 9**

City & State

Coral Springs

City & State

Coral Springs

Zip

33067

Country

USA

Zip

33067

Country

USA

4. FEI Number

65-0698979

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SOSHNIK, JAY
 1489 W PALMETTO PK RD
 STE 434
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name

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

**8016 Wiles Rd
 # 9**

City

Coral Springs

FL

Zip Code

33067

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, 2001 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 **P** ☐ Delete
 NAME **SOSHNIK, JAY**
 STREET ADDRESS **1489 W PALMETTO PARK RD #434**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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 ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8016 Wiles Rd # 9**
 CITY-ST-ZIP **Coral Springs FL 33067**

TITLE ☐ Change ☐ Addition
 NAME **Adam Jordan Associates, Inc.**
 STREET ADDRESS **8016 Wiles Road**
 CITY-ST-ZIP **Suite 9
 Coral Springs, FL 33067**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)