

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000029679

1. Entity Name

ADRIAMAR FINANCE CORP.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90082 017 \*\*\*150.00

Principal Place of Business

10300 N.W. 121ST WAY  
MEDLEY FL 33178

Mailing Address

2 S. BISCAYNE BLVD  
SUITE 3400  
MIAMI FL 33131-1802

2. Principal Place of Business

3. Mailing Address

c/o International Representatives

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10300 N.W. 121 Way

City & State

City & State

Medley FL

Zip

Country

Zip

Country

33178

US

4. FEI Number

65-0744142

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

~~VALDES-FAUL CORPORATE SERVICES, INC.~~  
~~2 S. BISCAYNE BLVD~~  
~~SUITE 3400~~  
~~MIAMI FL 33131~~

Name

Jose A Lamas

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

10300 N.W. 121 Way

City

Medley

FL

Zip Code

33178

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, 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	DP	<input type="checkbox"/> Delete
NAME	LAMAS, JOSE A	
STREET ADDRESS	10300 N.W. 121ST WAY	
CITY-ST-ZIP	MEDLEY FL 33178	
TITLE	DST	<input type="checkbox"/> Delete
NAME	FLINN, DAVID L	
STREET ADDRESS	10300 N.W. 121ST WAY	
CITY-ST-ZIP	MEDLEY FL 33178	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LAMAS, JOSE A	
STREET ADDRESS	10300 NW 121ST WAY	
CITY-ST-ZIP	MEDLEY FL 33178	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	FLINN, DAVID L	
STREET ADDRESS	10300 NW 121ST WAY	
CITY-ST-ZIP	MEDLEY FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

3/3/00

CR2E034 (9/99)