## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000030819

## **ADELI CORPORATION**

Mailing Address Principal Place of Business ASTAN 297 7525 NW 37 AVE 3550 NW 33 ST BLDG E MIAMI FL 33142-5736 MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Country

## **FILED** May 26, 2000 8:00 am Secretary of State

05-26-2000 90128 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

65-0741472

Applied For

Not Applicable

<sub>źıh</sub> -		Country	Ζιμ	Codinay	5. 0	Certificate of Status Desired		e Required		
	6. Name	and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent					
				Name						
1165	MARIA	Street Addres	Street Address (P.O. Box Number is Not Acceptable)							
#4										
, BAY	ISLAND FL 33154	City	City			FL Zip Code				
8. The above	named entit	y submits this statement for	the purpose of changing its	registered office or regis	tered age	ent, or both, in the State of Florid	a	. 1		
		•								
SIGNATURE _	· Clanativa thened	.  I or printed name of registered agent ar	this (applicable (NOT)	E. Registered Agent signature requ	ired when re	nstating)	DATE			
711A (15	Signature, typeo	or buttern traine of tedisteled agent at	io tita ii applicable (NOT)	z. negistereti Agent signature requ	ined willow to					
	pible to satisfy its Intangible and elects to do so.	!!! FEE IS \$150.00 i00 Fee will be \$550.0 ile to Department of S	e \$550.00 Trust Fund Contribution			☐ Added to Fees				
11.		OFFICERS AND D	DIRECTORS	12.	ADI	DITIONS/CHANGES TO OFFICE	ERS AND D	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS	3550 NW		☐ Delete	THTLE NAME STREET ADDRESS				Change	☐ Addition	
CITY-ST-ZIP	MIAMI FL	33142-5736		CITY-ST-ZIP				<del>-</del>		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				Change	☐ Addition	
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indicated	on this repo	rt or supplemental report is:	true and accurate and that r	ny signature shall have th	ne same I	119.07(3)(i), Florida Statutes. I fu egal effect as if made under oat da Statutes: and that my name a	n; tnat ⊦am	i an oπicer	or airector	

changed, or on an attachment with an address, with all other like ampowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR