

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State
03-14-2001 90518 005 ***150.00

DOCUMENT # **P97000041698** ✓
1. Entity Name
ADEST INC

Principal Place of Business Mailing Address
ADEST, INC.
% WEISSNER

2. Principal Place of Business 3. Mailing Address
3801 NE 207 ST
Suite, Apt. #, etc. Suite, Apt. #, etc.
1404

City & State City & State
AVENTURA FL
Zip Country Zip Country
33180-3795 USA

4. FEI Number Applied For
65-0752672 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

00025091

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WEISSNER
3801 NE 207 ST.
APT. #1404
AVENTURA FL 33180-3795

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISSNER, HELENE		NAME		
STREET ADDRESS	3801 NE 207 ST. #1404		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180-3795		CITY-ST-ZIP		
TITLE	SEC/TREAS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISSNER, JEROME		NAME		
STREET ADDRESS	3801 NE 207 ST. #1404		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180-3795		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Jerome Weissner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEROME WEISSNER ST

3/7/01 **305 999-9455**
Date Daytime Phone #

CR2E034 (11/00)