

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070603

1. Entity Name
ADMINISTRATIVE ASSOCIATES, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90448 030 ***150.00

Principal Place of Business

10337 N COMMERCE PKWY
MIRAMAR FL 33025

Mailing Address

10337 N COMMERCE PKWY
MIRAMAR FL 33025

2. Principal Place of Business

2626 E. OAKLAND PARK BLVD.

3. Mailing Address

← SAME

Suite, Apt. #, etc.

500

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL.

City & State

Zip

Country

33306

Country

4. FEI Number

65-0796646

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

RYAN, MICHAEL D
10337 N COMMERCE PKWY
MIRAMAR FL 33025

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RYAN, MICHAEL D**
CITY-ST-ZIP **1149 SEMINOLE DR**
FT LAUDERDALE FL 33306

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

Michael D. Ryan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL D. RYAN

Date

03/08/01 (954) 563-8411

Daytime Phone #

CR2E034 (10/00)