

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90555 049 ***150.00

DOCUMENT # P97000099338

1. Entity Name

A.D.H. REALTY, INC.

Principal Place of Business

1840 WEST 49 STREET
 SUITE 724
 HIALEAH FL 33012

Mailing Address

1840 WEST 49 STREET
 SUITE 724
 HIALEAH FL 33012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 W. 49 ST

3. Mailing Address

900 W 49 ST

Suite, Apt. #, etc.

508

Suite, Apt. #, etc.

508

City & State

HIALEAH, FL

City & State

HIALEAH FL

4. FEI Number

65-0797916

Applied For

Not Applicable

Zip

33012

Country

USA

Zip

33012

Country

USA

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

HAYUN, AMIR

1840 WEST 49 STREET

SUITE 724 508

HIALEAH FL 33012

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)

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FILE NOW!!! FEE IS \$150.00

After May 1, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 HAYUN, AMIR
 1840 WEST 49 STREET STE. 724 508
 HIALEAH FL 33012

☐ Delete

TITLE
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☐ Change ☐ Addition

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:

Amir Hayun

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02

305-825-2033

Date

Daytime Phone #

CR2E034 (9/01)