

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90068 001 ***476.25

DOCUMENT # **P98000035756**
 1. Entity Name **ADS INFRASTRUCTURE SERVICES, INC**

Principal Place of Business Mailing Address
8349 NW 64TH STR 8349 NW 64TH STR
MIAMI FL 33166 MIAMI FL 33166

2. Principal Place of Business 3. Mailing Address
8349 NW 64TH STR 8349 NW 64TH STR
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FLORIDA MIAMI FLORIDA
 Zip Country Zip Country
33166 U.S.A 33166 U.S.A

4. FEI Number Applied For
NOT APPLICABLE 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

AJAGBE AUGUSTINE O
8349 NW 64TH ST
MIAMI FL 33166

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 **Augustine O. AJAGBE** **07/18/01**
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 **AJAGBE AUGUSTINE O**
 CITY-ST-ZIP **8349 NW 64TH STR MIAMI FL 33166**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Augustine O. AJAGBE** **07/18/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)