2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P98000052729 1. Entity Name JANET ADLER ASSOCIATES, INC. 04-09-2001 90002 030 \*\*\*150.00 Mailing Address Principal Place of Business 2801 NE 183RD ST 110 2801 NE 183RD ST 110 110 819321 NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160 2. Principal Place of Business 3. Mailing Address SW 92 Teme 231 SW 92 Temaa Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. **計2003** 2003 Applied For City & State 4. FEI Number 65-0848184 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YAHAV. JANET A 2801 NE 183RD ST 110 **MIAMI FL 33160** ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above SIGNATURE ignature required when reinstating) FILE NOW!!! FEE IS \$150.00 is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ;R2E034 (10/00 ☐ Addition PSTD Delete TITLE TITLE YAHAV, JANET A NAME NAME 2801 NE 183RD ST 110 STREET ADDRESS 2003 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33160** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME L = 4. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP "[] Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 ampowered to execute his 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: ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR