

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078637

1. Entity Name
AD & RD, INC.



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91790 022 ***150.00

0290334 AV

Principal Place of Business
2264 NORTHWEST 87 AVENUE
MIAMI FL 33172

Mailing Address
2264 NORTHWEST 87 AVENUE
MIAMI FL 33172

2. Principal Place of Business
9237 NW 41 st street
Suite, Apt. #, etc.

3. Mailing Address
9737 NW 41 st street
Suite, Apt. #, etc.
box 276

City & State
MIAMI FL 33178
Zip Country

City & State
MIAMI FL 33178
Zip Country

4. FEI Number 65-0590482

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JHANGIMAL, SONIA D
2264 NW 87 AVE
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name
JHANGIMAL, SONIA
Street Address (P.O. Box Number is Not Acceptable)
9737 NW 41 st street
City MIAMI FL 33178 FL Zip Code 33178

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSTD JHANGIMAL, SONIA	2264 NORTHWEST 87 AVENUE	MIAMI FL 33172	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	JHANGIMAL, SONIA	9737 nw 41 st street	MIAMI FL33178		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sonia D. Jhangimal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/03

Date

305-591-0103

Daytime Phone #

CR2E034 (10/02)