CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000078637

1. Entity Name

AD & RD, INC.

05-05-2003 91790 022 ***150.00

FIL	ÆD		
May 05, 20	003	8:00	am
Secretar			
~ 001 0001	,	~ *******	

						-		J				
Principal Plac	e of Busines:	S	Mailing	g Address		•						
2264 NORTHW	2264 NORTHWEST 87 AVENUE 2264 NORTH				ENUE							
MIAMI FL 331	72		MIAMI	FL 33172				ĺ				
							ļ) 40 ENTONY NO 45001 KARALANDANA #40			
								}				
2. Principal P				ling Address					65011001 10 13151 10111 13111 101	H DBHI BBH	(8861 10116 BY194	HILL 1011 1111
9.737	Nw 4	1 st street	97	37 NW \$4	<u>1 st</u>	stre	eet_					
Suite, Apt.	#, etc.		Suite	e, Apt. #, etc.			ļ		☐ CHECK HERE	F MAKING	3 CHANGES	
			box 276				Ĺ					
City & State	е	· · · · · · · · · · · · · · · · · · ·	City & State			4. F	65-0590482			oplied For		
	AMI FL 33178 MTAMI FL 331				3317	8	THOU AP				ot Applicable	
Zip	ſ	Country	Zip		Coun	itry	ĺ	5. Certificate of Status Desired		ñ	\$8.75 Add	
			<u></u>		<u> </u>		<u>_</u>				Fee Require	d
	6. Name	and Address of Current R	Registere	d Agent				7. N	ame and Address of New Ro	egistered	Agent	
			•			Name -⊤∎	ואאני	TMA	T CONTA			ĺ
JHANGIM/	al, sonia i	D				JHANGIMAL, SONIA Street Address (P.O. Box Number is Not Acceptable)						
2264 NW	87 AVE							NW	41 st street			
MIAMI FL	33172								<u>_</u>			
17117-11711 6	00112											
						City	T A M T	T E-	L. 33178	FL	- Zip Cod	₂ ชื่อ
8. The above	named entity	v submits this statement for	the purpo	ose of changing its	register	ed office or	registere	ed age	ent, or both, in the State of Flo	rida Lam		
	ions of regist		and banks	and an entering might					in the state of the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		a
SIGNATURE .	Signature, tuped	or printed name of registered agent an	ad title if enal	inable (NOT	E. Renistera	d Agent signatu	ro roguired	ubon roi	actatina)	DATE		
	Olgridio a, typeo	or printed harro or registered agont ar	id in app	casie. (101)		a rigent signate	ile ledalled	1	Taken 197			
		! FEE IS \$150.00	. [ĺ	9. Election Campaign Fina	ancina	\$5.0	0 May Be
		3 Fee will be \$550.00						ļ	Trust Fund Contribution		ু ≱ড.⊍ ⊒ Added	to Fees
Make Check	Payable to	Florida Department of	State									
104		OFFICERS AND D	DIRECTO	RS	11.			ADI	DITIONS/CHANGES TO OFFI	CERS AN	DIRECTOR:	S IN 11
TITLE	PSTD	·		Delete	TITLE	Ε					Change	☐ Addition
NAME	JHANGIMA	al, sonia			NAM	E	JH	ANG	IMAL ,SONIA			
S ET ADDRESS		THWEST 87 AVENUE			STRE	ET ADDRESS			nw 41 st st	reet		ı
CITY-ST-ZIP	MIAMI FL :	33172		•	CITY	-ST-ZIP	MI	[MA	I FL33178			
TITLE				☐ Delete	TITLE						☐ Change	Addition
NAME					NAM	E						_
STREET ADDRESS					STRE	ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP					·	
TITLE				☐ Delete	TITLE	:					Change	Addition
NAME~				+7 -	NAM							
STREET ADDRESS					1	ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						}
TITLE	"			Delete	TITLE						☐ Change	Addition
NAME				L Delete	NAMI	1	ı				[_] change	☐ Modition
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP	•					{
	ļ											
TITLE				Delete	TITLE						Change	Addition \
NAME CIDEET ADDRESS					NAM	ł						
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP	L				CHY	-ST-ZIP	L					
TITLE	1			Delete	TITLE						Change	Addition
NAME					NAM							
STREET ADDRESS					STRE	ET ADDRESS						
LITY CT. 710					0177	OT TIP						

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: