(9/01)

CR2E034

2002 Uniform Business Report (UBR)

Apr 02, 2002 8:00 am Secretary of State P99000003826 DOCUMENT # 1. Entity Name 04-02-2002 90893 016 ***150 00 AVADANIAN & ADLER, INC. Principal Place of Business Mailing Address 751 PARK OF COMMERCE DR. 751 PARK OF COMMERCE DR. SUITE 112-114 SUITE 112-114 **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0886373 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7.-Name and Address of New Registered Agent Name ADLER, RUSSELL S Street Address (P.O. Box Number is Not Acceptable) 750 S.E. 3RD AVENUE., SUITE 300 FORT LAUDERDALE FL 33316 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change ☐ Delete TITLE ☐ Addition TITLE AVADANIAN, GREGG 5686 ASPEN RIOGE CIRCLE AVADANIAN, GREGG NAME NAME **5686 ASFEN RIDGE CIRCLE** STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33484** CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH, FL 38484 **VPD** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME ADLER, RUSSELL S NAME STREET ADDRESS 750 SE 3RD AVE SUITE 300 STREET ADDRESS CITY-ST-ZIF FORT LAUDERDALE FL 33316 CITY-ST-ZIP TITLE ☐ Delete == TITLE Change = ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: