000-90018-014-$150.00-$150.00

FILED
Apr 05, 2000 8:00 am
Secretary of State

01-13-2000 90018 014 ***150.00

AUUU2001

DO NOT WRITE IN THIS SPACE

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071212

ADERCOM, INC.

Principal Place of Business	Mailing Address
S DADELAND BLVD., SUITE 603 FL 33156	9200 S DADELAND BLVD., SUITE 603 MIAMI FL 33156-2714

2. Principal Place of Business	3. Mailing Address
6595 NW. 36 ST.	6595 NW 36 St.
Suite, Apt. #, etc. 403-2	Suite, Apt. #, etc. 403-2
City & State MiAmi, FL 33166	City & State Miami, Florida
Country USA	Zip 33166 Country U.S.A.

4. FEI Number 65-0940115 ☐ Applied For ☐ 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
CUEVAS, ANDREW ESQ 9200 S DADELAND BLVD., SUITE 603 MIAMI FL 33156	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Delete PD JATAR, JOSE 9200 S DADELAND BLVD., SUITE 603 MIAMI FL 33156	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☒ Change ☐ Addition PD JATAR, JOSE 6595 NW 36 St., # 403-2 Miami, FL 33166
☐ Delete V JATAR, NIDIA LOPEZ DE 9200 S DADELAND BLVD., SUITE 603 MIAMI FL 33156	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☒ Change ☐ Addition V JATAR, NIDIA LOPEZ DE 6595 NW 36 St., # 403-2 Miami, FL 33166
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (9/99)

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: SIGNATURE REQUIRED 6-1-00 (305)490-7557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #