

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084468

1. Entity Name

ADI OF SOUTH FLORIDA, INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90003 015 ***150.00

Principal Place of Business

2409 NORTH FEDERAL HIGHWAY #8
DELRAY BEACH FL 33483

Mailing Address

2409 NORTH FEDERAL HIGHWAY #8
DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0950043

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

HOROWITZ, LANCE
2409 NORTH FEDERAL HIGHWAY #8
DELRAY BEACH FL 33483

Name

PAUL HOROWITZ

Street Address (P.O. Box Number is Not Acceptable)

2413 North Federal Highway #8

City

Delray Beach

FL

Zip Code

33483

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

Paul Horowitz Pres

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/01

9. 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, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME HOROWITZ, LANCE
STREET ADDRESS 2409 NORTH FEDERAL HIGHWAY #8
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☒ Change ☐ Addition
NAME PAUL HOROWITZ
STREET ADDRESS 2413 North Federal Highway #8
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Paul Horowitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/01

CR2E034 (10/00)