


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90645 020 ***150.00

DOCUMENT # P99000089861	
1. Entity Name ADEL CONSTRUCTION CO., INC.	

Principal Place of Business 11841 SW 57TH CT. MIAMI FL 33156	Mailing Address 11841 SW 57TH CT. MIAMI FL 33156
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2. Principal Place of Business 1030 West 15 St Suite, Apt. #, etc.	3. Mailing Address 1030 West 15 St Suite, Apt. #, etc.
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City & State Riviera Beach, FL	City & State Riviera Beach, FL
Zip 33404	Zip 33404
Country Palm Beach	Country Palm Beach

6. Name and Address of Current Registered Agent APPLEBAUM, RAY C 11841 SW 57 CT MIAMI FL 33156	7. Name and Address of New Registered Agent Name Applebaum, Ray C Street Address (P.O. Box Number is Not Acceptable) 1030 West 15th St City Riviera Beach FL Zip Code 33404
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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 _____ (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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P APPLEBAUM, RAY C 11841 SW 57 CT MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Applebaum, Ray C 1030 West 15 St Riviera Beach, FL 33404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ray C. Applebaum **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 1/31/03 **DATE** 561-848-3973 **DAYTIME PHONE #**

CR2E034 (10/02)