

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # S71956

1. Entity Name
ADLER MANAGEMENT SERVICES, INC.



Principal Place of Business

1400 NW 107 AVE.
5TH FLOOR
MIAMI, FL 33172

Mailing Address

1400 NW 107 AVE.
5TH FLOOR
MIAMI, FL 33172



03242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0286530

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LEVY, JOEL
1400 NW 107 AVE.
5TH FLOOR
MIAMI, FL 33172

**DO NOT WRITE
IN THIS SPACE**

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

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000139301
04/29/04-80115-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	ADLER, MICHAEL M.
STREET ADDRESS	1400 NW 107 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	DST
NAME	ARRIZURIETA, LUIS
STREET ADDRESS	1400 N W 107TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	DEV
NAME	LEVY, JOEL
STREET ADDRESS	1400 NW 107 AVE.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	EV
NAME	HEISLER, DANIEL
STREET ADDRESS	1400 NW 107 AVENUE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	P
NAME	ADLER, MICHAEL M
STREET ADDRESS	1400 NW 107 AVENUE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	AS
NAME	LEVY, JOEL
STREET ADDRESS	1400 NW 107 AVENUE
CITY-ST-ZIP	MIAMI, FL 33172

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joel Levy
Executive Vice President**

4/27/04

Date

305-392-4051

Daytime Phone #