

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V33299

1. Entity Name

ADELSON REALTY, INC.

Principal Place of Business

190 S E 5TH AVE
DELRAY BEACH FL 33483
US

Mailing Address

6850 NORTHWEST 2ND AVENUE
#26
BOCA RATON FL 33487

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

65-0329657

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

ADELSON, DIANE S.
6850 NORTHWEST 2ND AVENUE
#26
BOCA RATON FL 33487

Name

ADELSON, DIANE S.

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

190 S.E. 5TH AVENUE

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

Diane S. Adelson
Signature, typed or printed name of registered agent and title if applicable.

DIANE S. ADELSON

04-03-01

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
ADELSON, DIANE S.
6850 NW 2ND AVE. #26
BOCA RATON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
ADELSON DIANE S.
190 S.E. 5TH AVENUE
DELRAY BEACH, FL 33483 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Diane S. Adelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANE S. ADELSON

Date

04-03-01 561-272-1600

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)