2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

	2 UNIFORM BUS		JBR)	FILED Jan 24, 2002 8:00 am Secretary of State 01-24-2002 90205 037 ***150.00			CHUKIN	
DOCUMENT # P9600028871 1. Entity Name CENTURY 21, AMERICAN DREAM REALTY, INC.					Secretary of State 01-24-2002 90205 037 ***150.00			
6669 54TH A	ce of Business VE N URG FL 33709	Mailing Address 6669 54TH AVE N ST. PETERSBURG FL 33709 US						
2. Principal P	Place of Business	3. Mailing Address				49 114 48 414 (4 94 4 1818) 1811	088 4 199	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE		
City & State		City & State		4.	FEI Number 59-3372813		Applied For Not Applicable	
Zip Country		Zip: * Counti		5.	. Certificate of Status Desired	□ \$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Re	gistered Agent		
BORDEN.	, CHARLES M				Day North as in National Association			
6669 54T	H AVE N		5	treet Address (P.O	. Box Number is Not Acceptable)			
ST. PETE	RSBURG FL 33709				<u> </u>			
			C	ity		FL Zip Coo	de	
8. The above	named entity submits this statement for	or the purpose of changing its	registered o	ffice or registered a	agent, or both, in the State of Flori	da.		
SIGNATURE .								
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTI	E: Registered Age	ent signature required when	n reinstating)	DATE		
Tax filing	oration is eligible to satisfy its Intangiblicquirement and elects to do so. ria on back)	FILE NOW! After May 1, 20 Make Check Payat	02 Fee will	be \$550.00	10. Election Campaign Fina Trust Fund Contribution		00 May Be d to Fees	
11.	OFFICERS AND	DIRECTORS	12.	/	ADDITIONS/CHANGES TO OFFIC			_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORDEN, CHARLES M 6669 54TH AVE N ST. PETERSBURG FL	☐ Delete	TITLE NAME STREET AD CITY-ST-	I		Change	☐ Addition	CR2E034 (9/01)
TITLE	31. FEIENSBURG FL	☐ Delete	TITLE	<u> </u>	1.000	Change	☐ Addition	CR2
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET AL CITY-ST-2					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET AC CITY-ST-					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET AL			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AC			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL	DORESS		☐) Change	Addition	
indicated of the cor	certify that the information supplied wit on this report or supplemental report in poration or the receiver or trustee emply, or on an attachment with an address.	is true and accurate and that report	ny signature as required	shall have the sam	e legal effect as if made under oa	ath; that I am an office	r or director or Block 12 if	
CIMITAL	UIL					Davine Phone #		ı