

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90173 040 \*\*\*150.00

**DOCUMENT # P96000058111**

1. Entity Name  
**AMERICAN DREAM ADVOCATES, INC.**

Principal Place of Business <b>9470 TANGERINE PLACE                  #204                  FORT LAUDERDALE FL 33324</b>	Mailing Address <b>9470 TANGERINE PLACE                  #204                  FORT LAUDERDALE FL 33324                  US</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0657662</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>ISAZA, DEBORAH</b> <b>9470 TANGERINE PLACE</b> <b>#204</b> <b>FORT LAUDERDALE FL 33324</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	Zip Code

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input type="checkbox"/> Delete <b>ISAZA, DEBORAH</b> <b>9470 TANGERINE PL. #204</b> <b>FORT LAUDERDALE FL 33324</b>	TITLE <del>PD</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <del>ISAZA, DEBORAH</del>
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete <b>ISAZA, DEBORAH</b> <b>1001 SW 112TH AVENUE</b> <b>PEMBROKE PINES FL 33025</b>	TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ISAZA, Jose Mario</b> <b>9470 Tangerine Pl #204</b> <b>Fort Lauderdale, FL 33324</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Deborah Isaza **1-8-01 954-916-6728**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0024610 AV CR2E034 (9/01)