

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000019725**

1. Entity Name
THE AMERICAN DREAM INC

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90017 028 ***150.00

Principal Place of Business

Mailing Address

1300 N.W. 76 AVE
PLANTATION FL 33322

00071152

2. Principal Place of Business

3. Mailing Address

SAME
Suite, Apt. #, etc.
P.H.

SAME
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

65-0737434

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

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

MICHAEL KLEIN
1300 NW 76 AVE
PLANTATION FL
33322

Name

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

City

FL

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

Michael Klein **MICHAEL KLEIN PRES**

APR 16 2000

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

(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, 2000 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 ☐ Delete
NAME **PRES**
STREET ADDRESS **MICHAEL KLEIN**
CITY-ST-ZIP **1300 NW 76 AVE**
PLANTATION FL 33322

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Michael Klein **MICHAEL KLEIN PRES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 16 2000 474-7218

CR2E034 (9/99)