

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90104 030 \*\*\*150.00

**DOCUMENT # P02000077073**



1. Entity Name  
**AMERICAN DREAM LENDING CO.**

Principal Place of Business  
**8651 TENTH ST NORTH  
ST PETERSBURG FL 33702**

Mailing Address  
**PO BOX 55223  
ST PETERSBURG FL 33732**



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

**51-0415482**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22 ST 4 FLR  
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **HARRY R. STEINHARDT**

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

**8651-10 St. No.**

City **ST. PETERSBURG**

**FL**

Zip Code **33702**

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

*Harry R. Steinhardt*  
Signature typed or printed name of registered agent and title if applicable.

**HARRY R STEINHARDT**  
**PRESIDENT**

**4/27/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE **DPST**  
NAME **STEINHARDT, HARRY**  
STREET ADDRESS **8651 TENTH ST NORTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33702**

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

*Harry R. Steinhardt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HARRY R STEINHARDT**

Date

**4/27/03**

CR2E034 (10/02)