

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90110 040 ***150.00

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DOCUMENT # P02000111680

1. Entity Name

AMERICAN DREAM INSPECTORS, INC.



Principal Place of Business

**7640 NW 61ST TERRACE
PARKLAND FL 33067**

Mailing Address

**7640 NW 61ST TERRACE
PARKLAND FL 33067**

2. Principal Place of Business

720 Buttonwood Lane
Suite, Apt. #, etc.

3. Mailing Address

720 Buttonwood Lane
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Boynton Beach FL
Zip Country

City & State

Boynton Beach FL
Zip Country

4. FEI Number

44-2066765

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHAPIRO, JOSH
7640 NW 61ST TERRACE
PARKLAND FL 33067**

7. Name and Address of New Registered Agent

Name
Shapiro Josh
Street Address (P.O. Box Number is Not Acceptable)
720 Buttonwood Lane
City *Boynton Beach* FL Zip Code *33436*

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

Josh Shapiro

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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	<i>Pres.</i>	<input type="checkbox"/> Delete
NAME	<i>Josh Shapiro</i>	
STREET ADDRESS	<i>720 Buttonwood Lane</i>	
CITY-ST-ZIP	<i>Boynton Beach FL 33436</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Josh Shapiro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-2-03

Date

954-650-6398

Daytime Phone #

CR2E034 (4/03)

Attachment

80144311

#PO200011680



American Dream Inspectors, Inc.

September 2, 2003

Dear Sir,

This letter is to state first, that no business has been transacted under this corporation during the previous 12 months and 2nd request that the late fee be waived as this is the first mailing that has been received.

Again, thanking you in advance and hoping to actually conduct business in the coming year.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Josh Shapiro', with a long, sweeping horizontal line extending to the right.

Josh Shapiro
President American Dream Inspectors, Inc.