## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) D0200011216A DOCLIMENT #



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## **FILED** May 29, 2003 8:00 am Secretary of State

1. Entity Name AMERICAN DREAM SAN REMO, INC.								05-05-2003 90394 016 ***150.00				
Principal Place 1681 SW 67 MIAMI FL 33	-	1681 S	Mailing Address 1681 SW 67 AVE MIAMI FL 33155									
2. Principal f	Place of Busines	3. Mailir	3. Mailing Address									
Suite, Apt	#, etc.	Suite,	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City &	City & State						applied For lot Applicable		
Zip Country		Zip	Zip Cou		ntry	5. Certificate of Status		\$8.75 Additional Fee Required				
	6. Name ar	d Address of Curr	nt Registered	Agent			7.	Name and Address of New Re	gistered A	gent		_[_
<del></del>						Name						]
COLLETT	1, JOSEPH R					Street Address	e /PO I	Box Number is Not Acceptable)	<u> </u>			4
3550 BISCAYNE BLVD STE 610						Siledt Addles	S (F.O. I	Box Morrides 19 Mot Accebrable)				_[_
MIAMI FL	. 33137			•				<del></del>				7
						City	, FL			Zip Co	Zip Code	
	e named entity s		t for the purpos	se of changing its	register	ed office or regis	tered aç	gent, or both, in the State of Flor		amiliar with	, and accept	1
tue onige	cons or registere	agent.										
SIGNATURE	Signature, typed or p	rinted name of registered a	ant and title it applic	abte. (NOT	E: Registere	id Agent signature requ	ilred when	(proteizmen)	DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State								Election Campaign Fina     Trust Fund Contribution		\$5.1 Adde	OO May Be ad to Fees	
10.		OFFICERS A	ND DIRECTORS	<u> </u>	11.		A.	DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 11	1
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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 REQUIRED SIGNATURE AND TYPED OF PRINTED PLANE OF SIGNATURE OF SIGNATURE

4/24/03

305.260.0054

Daylime Phone #