

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-05-2003 90109 019 ***550.00
P02000113898

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DOCUMENT # P02000113898

1. Entity Name
USA DREAM MORTGAGE, INC.



FILED

03 OCT 10 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
15702 SW 108 PLACE
MIAMI FL 33157

Mailing Address
15702 SW 108 PLACE
MIAMI FL 33157



2. Principal Place of Business
10517 SW 40 ST
Suite, Apt. #, etc. NA
City & State FL

3. Mailing Address
10517 SW 153 PL
Suite, Apt. #, etc. NA
City & State FL

☐ CHECK HERE IF MAKING CHANGES

City & State FL
Zip 33165
Country Dade

City & State FL
Zip 33185
Country Dade

4. FEI Number
22-3878696

Applied For
Not Applicable

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

~~CRUZ, DIANA P
6034 SW 24 ST
MIAMI FL 33155~~

Name: Nadia Rodriguez
Street Address (Box Number Is Not Applicable)
3650 SW 153 PL
City Miami FL Zip Code 33185

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: Nadia Rodriguez
Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

8/29/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, NADIA	
STREET ADDRESS	15702 SW 108 PLACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, DENNIS	
STREET ADDRESS	15702 SW 108 PLACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Nadia Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/29/03 Daytime Phone #

CR2E034 (4/03)