2000 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2000 8:00 am Secretary of State DOCUMENT # **P94000036806** "BUY THE AMERICAN DREAM" REALTY, INC. 04-28-2000 90079 015 ***150.00 Mailing Address Principal Place of Business 4111 HWY 41. P.O. BOX 2215 LAND O'LAKES FL 34639-2215 SUITE 303-0 LAND O'LAKES FL 34639 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3243356 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HORVATH, SYNTHIA Street Address (P.O. Box Number is Not Acceptable) -4111 HWY 41 SUITE 303-0 **TAMPA FL 34639** City PARTIES OF THE PERENCE OF THE PERENC 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. 1. 0 mm. 100. 1 SIGNATURE Signature, typed or printed name of registered agent and title if applicable.... (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DPST ☐ Addition ☐ Change TITLE TITLE ☐ Defete HORVATH, SYNTHIA NAME NAME 4111 HWY 41 SU 303 Q STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAND O'LAKES FL CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted empowered to execute this report as pequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

OF SIGNING OFFICER OR DIRECTOR

of the corporation or the receiver or trustee empowered to

changed, or on an attachme

SIGNATURE:

CR2E034 (9/99)

FILED