

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90144 035 ***150.00

DOCUMENT # P94000061211

1. Entity Name

AMERICAN DREAMHOMES OF BREVARD, INC.

Principal Place of Business

555 N.E. 15TH ST.
 7TH FLOOR SUITE 7730
 MIAMI, FL. 33132

Mailing Address

555 N.E. 15TH ST.
 7TH FLOOR SUITE 7730
 MIAMI, FL. 33132

2. Principal Place of Business

555 N.E. 15TH ST.

3. Mailing Address

555 N.E. 15TH ST.

Suite, Apt. #, etc.

7730

Suite, Apt. #, etc.

7730

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33132

Country

USA

Zip

33132

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3419848

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONTELLA, RM
 555 N.E. 15TH STREET
 7TH FLOOR SUITE 7730
 MIAMI, FL. 33132

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PST
 NAME: R.M. CONTELLA
 STREET ADDRESS: 555 N.E. 15TH ST. 7TH FLOOR
 CITY-ST-ZIP: SUITE 7730 MIAMI, FL. 33132 ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

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 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

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 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02

Date

Daytime Phone #

CR2E034 (9/01)