

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90475 014 \*\*\*150.00

**DOCUMENT # P96000033030**

1. Entity Name  
**AMERICAN DREAM REAL ESTATE INC.**



Principal Place of Business  
**1136 NE PINE ISLAND RD.  
CAPE CORAL FL 33909**

Mailing Address  
**1136 NE PINE ISLAND RD.  
CAPE CORAL FL 33909**



2. Principal Place of Business **1218 SE 47th STREET**

3. Mailing Address **1218 SE 47th STREET**

Suite, Apt. #, etc.  
**SUITE 305**

Suite, Apt. #, etc.  
**SUITE 305**

City & State  
**CAPE CORAL**

City & State  
**CAPE CORAL**

Zip  
**33904**

Country  
**USA**

Zip  
**33904**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0658993**

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

**JENSEN, HELGE**  
**5265 TAMiami COURT**  
**CAPE CORAL FL 33904**

**NEW ADDRESS →**

Name **HELGE JENSEN**  
Street Address (P.O. Box Number is Not Acceptable)  
**3734 PALM TREE BLVD**

City **CAPE CORAL** **FL** Zip Code **33904**

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 *Helge Jensen* **HELGE JENSEN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Added to Fees  
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **JENSEN, HELGE**  
STREET ADDRESS **5265 TAMiami CT.**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **P** ☒ Change ☐ Addition  
NAME **JENSEN HELGE**  
STREET ADDRESS **3734 PALM TREE BLVD**  
CITY-ST-ZIP **CAPE CORAL, FLORIDA 33904**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

*Helge Jensen* **HELGE JENSEN**

**01/07/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0518739 AV

CR2E034 (10/02)