

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065233

1. Entity Name

AMERICAN DREAMHOME REALTY, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90091 028 ***158.75

Principal Place of Business

Mailing Address

2050 W 56TH ST
SUITE 20
MIALEAH FL 33016
US

2050 W 56TH ST
SUITE 20
MIAMI LAKES FL 33014-2421
US

2. Principal Place of Business

6001 N.W. 153 ST

3. Mailing Address

6001 NW 153 ST

Suite, Apt. #, etc.

E

Suite, Apt. #, etc.

E

City & State

MIAMI LAKES, FL. 33014

City & State

MIAMI LAKES, FL

4. FEI Number

65-0695159

Applied For

Not Applicable

Zip

33014

Country

MIAMI-DADE

Zip

33014

Country

MIAMI-DADE

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

DELGADO, OSCAR J
6175 N.W. 153 STREET
SUITE 312
MIAMI LAKES FL 33014

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS DELGADO, OSCAR J
CITY-ST-ZIP 6175 N.W. 153 STREET, SUITE 312
MIAMI LAKES FL 33014

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
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSCAR DELGADO, Director

Date

Daytime Phone #

3-31-00 305-828-4070

CR2E034 (9/99)