

**FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90095 046 \*\*\*150.00

DOCUMENT # P96000065233

1. Entity Name

American Dreamhome Realty, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7950 NW 155 Street

3. Mailing Address

7950 NW 155 Street

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

4. FEI Number

65-0695159

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip  
33016

Country  
USA

Zip  
33016

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Delgado, Oscar J.

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

7950 NW 155 Street, Suite 104

City Miami Lakes

FL

Zip Code  
33016

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Delgado, Oscar J.  
7950 NW 155 Street, #104  
Miami Lakes, FL 33016

Director

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P965195V7

4-28-03

Date

305 828-4070

Daytime Phone #

CR2E034B (12/02)