

2000 UNIFORM BUSINESS REPORT (UBR)

3/14

FILED

May 17, 2000 8:00 am
Secretary of State

03-14-2000 90003 032 ***150.00

DOCUMENT # P99000059647

1. Entity Name

AMERICAN DREAM MORTGAGE LENDERS, INC.

Principal Place of Business

2616
2626 GRIFFIN ROAD
FORT LAUDERDALE FL 33312

Mailing Address

2616
2626 GRIFFIN ROAD
FORT LAUDERDALE FL 33312-5935

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0931246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

~~MANLEY, PATRICIA~~ **SMALLS, PATRICIA ANN**
2626 GRIFFIN ROAD 2616 GRIFFIN ROAD
FORT LAUDERDALE FL 33312

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

PATRICIA ANN SMALLS

Patricia Ann Smalls

2/11/2000

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

(NOTE: Registered Agent signature required when reappointing)

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 **PSTD**
NAME **MANLEY, PATRICIA SMALLS, PATRICIA ANN**
STREET ADDRESS **2626 GRIFFIN ROAD 2616 GRIFFIN ROAD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Patricia A. Smalls - PATRICIA A. SMALLS**

2/11/2000 954-985-8055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)