

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 26, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000064822**

1. Entity Name  
**REBECCA DREAM HOMES, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>3335 SE 17TH PLACE<br><br>CAPE CORAL FL 33904 | Mailing Address<br>3335 SE 17TH PLACE<br><br>CAPE CORAL FL 33904 |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State |
|---|---|

DO NOT WRITE IN THIS SPACE

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0810117</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SCHELLBACH MONIKA  
 2712 SW 42ND LANE  
  
 CAPE CORAL FL 33914

**7. Name and Address of New Registered Agent**

Name  
**MHB HOMESERVICE, INC.**  
 Street Address (P.O. Box Number is Not Acceptable)  
 2712 SW 42ND LANE  
  
 City CAPE CORAL FL Zip Code 33914

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

**04/26/2001**  
DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 AS <input type="checkbox"/> Delete   | NAME DINNENDAHL BERND                    |
| STREET ADDRESS HERZOGSTR.13                | CITY-ST-ZIP LEVERKUSEN, 51379,GERMANY GE |
| TITLE DPST <input type="checkbox"/> Delete | NAME TRABER-DINNENDAHL KAROLA            |
| STREET ADDRESS HERZOGSTR.13                | CITY-ST-ZIP LEVERKUSEN, 51379,GERMANY    |
| TITLE <input type="checkbox"/> Delete      | NAME                                     |
| STREET ADDRESS                             | CITY-ST-ZIP                              |
| TITLE <input type="checkbox"/> Delete      | NAME                                     |
| STREET ADDRESS                             | CITY-ST-ZIP                              |
| TITLE <input type="checkbox"/> Delete      | NAME                                     |
| STREET ADDRESS                             | CITY-ST-ZIP                              |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                   |             |
|---|-------------|
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME        |
| STREET ADDRESS  | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME        |
| STREET ADDRESS  | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME        |
| STREET ADDRESS  | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: **Karola Traber-Dinnendahl**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**D** **04/26/2001**  
Date

Daytime Phone #

CR2E034 (11/00)