


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90290 037 ***150.00

DOCUMENT # K81168

1. Entity Name
DREAM USA, INC.



Principal Place of Business
**C/O ATLANTIA HOLDINGS
645 DANIA BEACH BLVD
DANIA BEACH FL 33004**

Mailing Address
**C/O ATLANTIA HOLDINGS
645 DANIA BEACH BLVD
DANIA BEACH FL 33004**



2. Principal Place of Business
**%Atlantia Holdings
645 E. Dania Beach Blvd.
Dania Beach, FL 33004**

3. Mailing Address
**%Atlantia Holdings
645 E. Dania Beach Blvd.
Dania Beach, FL 33004**

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0115844** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BLACKBURN, ACE J JR
COONEY MATTSON LANCE BLACKBURN RICHARDS
2312 WILTON DR.
FORT LAUDERDALE FL 33305**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, WILLIAM A	
STREET ADDRESS	910 SE 17TH ST., 3300	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FARRELL, JAMES B	
STREET ADDRESS	910 SE 17TH ST., #300	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blackburn Jr., A.	
STREET ADDRESS	%Atlantia Holdings, 645 E. Dania Beach Blvd.	
CITY-ST-ZIP	Dania Beach, FL 33004	
TITLE	SDV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Economou, C.	
STREET ADDRESS	%Atlantia Holdings, 645 E. Dania Beach Blvd.	
CITY-ST-ZIP	Dania Beach, FL 33004	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wagner, J.	
STREET ADDRESS	%Atlantia Holdings, 645 E. Dania Beach Blvd.	
CITY-ST-ZIP	Dania Beach, FL 33004	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morfidis, G.	
STREET ADDRESS	%Atlantia Holdings, 645 E. Dania Beach Blvd.	
CITY-ST-ZIP	Dania Beach, FL 33004	
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		

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 all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** *4.14.03* _____ Date _____ Daytime Phone # _____

CR2E034 (10/02)