

2001 UNIFORM BUSINESS REPORT (UBR)

002010 AF

DOCUMENT # L00000012395

1. Entity Name

DREAM VACATION HOMES, LLC

FILED

01 FEB 27 PM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

464 PAULA DRIVE NORTH. APT. #303
DUNEDIN FL 34698

Mailing Address

464 PAULA DRIVE NORTH. APT. #303
DUNEDIN FL 34698

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

32-15 41st Street

Suite, Apt. #, etc.

Apt. # C4

City & State

Astoria, NY

Zip

11103

Country

USA

4. FEI Number

59-3679351

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANGELIS, PAUL

464 PAULA DRIVE NORTH, APT. #303

DUNEDIN FL 34698

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Managing member Dimitrios Angelis 32-15 41st St #C4 Astoria, NY 11103

TITLE NAME STREET ADDRESS CITY-ST-ZIP
member Helen Williams 32-15 41st St. #C4 Astoria, NY 11103

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10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP
400003782884-001
-02/27/01--01056--003
*****50.00 *****50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/14/01 719-278-0830

Date

Daytime Phone #

CR2E083 (11/00)