

# 2002 UNIFORM BUSINESS REPORT (UBR)

1/1

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90263 026 \*\*\*\*50.00

**DOCUMENT # L01000002236**

1. Entity Name

**DREAM BRANDS IMPORT, L.L.C.**

Principal Place of Business

13341 SW 135 AVENUE  
 MIAMI FL 33186

Mailing Address

13341 SW 135 AVENUE  
 MIAMI FL 33186

2. Principal Place of Business

13341 SW 135 AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1073965

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EDERY, MOSHE

11921 SOUTH DIXIE HIGHWAY, SUITE 203  
 PINECREST FL 33156

7. Name and Address of New Registered Agent

Name

Mercedes Benhamo

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

13341 SW 135 AVE

City

MIAMI

FL

Zip Code

33186

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

Mercedes Benhamo Mercedes Benhamo

1-10-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE: Managing Member  
 NAME: 5000 Fernando KFOURI  
 STREET ADDRESS: 1111 CRANDON BLVD. A-1201  
 CITY-ST-ZIP: Key Biscayne FL 33149

☐ Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

☐ Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

☐ Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

☐ Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

☐ Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

☐ Delete

10. ADDITIONS/CHANGES

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Change ☐ Addition

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:

Mercedes Benhamo

1-10-02

305-256-1010

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

Date

Daytime Phone #

CR2E083 (9/01)