2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

DOCUMENT # L01000002236

Principal Place of Business

13341 SW 135 AVENUE

DREAM BRANDS IMPORT, L.L.C.



Mailing Address

13341 SW 135 AVENUE

MIAMI FL 33186	LINGE	13341 SW 135 AVENUE MIAMI FL 33186	
2. Principal Plac	e of Business	3. Mailing Address	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	. Zip Country	
	6 - Name and Add		

FILED Jan 13, 2003 8:00 am Secretary of State

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2. Principa	l Place of Business	3. Mailing Address	3. Mailing Address							1
Suite, Apt. #, etc.		Suite And II								
		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & St	ate	City & State			- FEIN				aeo	
Zip Country .					4. FEI Nu	mber 65-1073965	;		Applied For	
		Zip	Cour	ntry	5. Certificate of Status Desired \$5.00 Addition				Not Applica	ble
	6Name and Address of Current I	Registered Agent					_	Fee Rea	Additional uired	
J				Name	7 Name a	and Address of New Re	gistered A	gent		
BENHAMO, MERCEDES 13341 SW 135TH AVENUE										
MIA	MI FL 33186		Street Address		(P.O. Box Nun	(P.O. Box Number is Not Acceptable)				
				City						ł
8. The above	named entity submits this statement for	the ourness of h					FL	Zip C	ode	_
the obligat	e named entity submits this statement for tions of registered agent.	ine purpose of changing its	registere	ed office or registe	ered agent, or b	ooth, in the State of Flori	da. I am fa	niliar wit	h and accer	,
SIGNATURE							-		and accep	"
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered	Agent signature require	d when reinstation)					-
		ſ	OW!!! FEE IS \$50.00		a men remaining)		DATE			
		Make Check Payable	to Fla	rida Denartma	nt of Ctata					
		Due	By May	y 1, 2003	iii oi State					-
9.	MANAGING MEMBERS	S/MANAGERS	10.			100				
NAME	MGRM FOURI FEDNANDO	☐ Delete	TITLE	T-	<u> </u>	ADDITIONS/CI				Ι,
STREET ADDRESS	FOURI, FERNANDO 1111 CRANDON BLVD., A1201		NAME	KFO	URI FE	rnando	X	Change	☐ Addition	n §
CITY-ST-ZIP	KEY BISCAYNE FL 33149			ADDRESS -	, , .					CR2E082 (10,02)
TITLE	1127 DIOCATILE C 33149		CITY-S	T-ZIP						8
NAME		☐ Delete	TITLE	1				Change	Addition	12
STREET ADDRESS			NAME STREET	ADDRESS			_			2
CITY-ST-ZIP			CITY-ST	1						
ITLE			-TITLE_							╛
TREET ADDRESS			NAME					Change	Addition	-
ITY-ST-ZIP			STREET A							1
TLE			CITY-ST-	- ZIP						
AME		☐ Delete	TITLE				П	Change	☐ Addition	┨
REET ADDRESS			NAME Street a	NUSEGG			_			
TY-ST-ZIP			CITY-ST-	1						
ile Ime		☐ Delete	TITLE							
REET ADDRESS			NAME	1				Change	Addition	
Y-ST-ZIP		1	STREET AD	I						
LE LE		<u>-</u>	CITY-ST-Z	ZIP						
ME		☐ Delete	TITLE					Change	☐ Addition	
REET ADDRESS			NAME					- anyt	☐ Addition	
Y-ST-ZIP			STREET AD	Dress						

CITY-ST-ZIP 1. 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 optrustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

ITY-ST-ZIP

8,2003 256-1010