


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/13

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-13-2003 90016 001 ***150.00

DOCUMENT # L02000016105	
1. Entity Name OUR DREAM, LLC	

Principal Place of Business 9305 SW 142ND STREET MIAMI FL 33176	Mailing Address 9305 SW 142ND STREET MIAMI FL 33176 (*CHANGE*)
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2. Principal Place of Business P.O. Box 560307 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 560307 Suite, Apt. #, etc.
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City & State MIAMI, Florida	City & State MIAMI, Florida
Zip 33256-0307	Zip 33256-0307
Country U.S.A.	Country U.S.A.

44003409



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent NAHMAD, MAURICE H 9305 SW 142ND STREET MIAMI FL 33176		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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MANAGING MEMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE MAURICE NAHMAD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAURICE NAHMAD	<input type="checkbox"/> Delete	NAME MAURICE NAHMAD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS P.O. Box 560307	<input type="checkbox"/> Delete	STREET ADDRESS P.O. Box 560307	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP MIAMI, FLORIDA 33256-0307	<input type="checkbox"/> Delete	CITY-ST-ZIP MIAMI, FLORIDA 33256-0307	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **MAURICE NAHMAD** **4/28/03** **305-252-1564**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)