

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90019 007 \*\*\*\*61.25

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000052



1. Entity Name

SWEET DREAMZ CHARITABLE FOUNDATION, INC.

Principal Place of Business

6043 KIMBERLY BLVD. #D  
N LAUDERDALE FL 33068

Mailing Address

6043 KIMBERLY BLVD. #D  
N LAUDERDALE FL 33068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

X 65-0970726

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OVIEDO, MARY C

6043 KIMBERLY BLVD. #D  
N LAUDERDALE FL 33068

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete  
 Mary Cathenne Oviedo  
 President / Treasure  
 STREET ADDRESS 6043 Kimberly Blvd, Suite D  
 CITY-ST-ZIP N. Lauderdale, FL 33068

TITLE NAME ☐ Delete  
 Vice President  
 Gus A. Jones  
 STREET ADDRESS 6043 Kimberly Blvd, Suite D  
 CITY-ST-ZIP N. Lauderdale, FL 33068

TITLE NAME ☐ Delete  
 Secretary  
 Tracy Lopez  
 STREET ADDRESS 6043 Kimberly Blvd, Suite D  
 CITY-ST-ZIP N. Lauderdale, FL 33068

TITLE NAME ☐ Delete  
 Executive Director  
 Jordan Manolakis  
 STREET ADDRESS 6043 Kimberly Blvd, Suite D  
 CITY-ST-ZIP N. Lauderdale, FL 33068

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
 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 617, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/01

Date

954-968-4021

Daytime Phone #

CR2E037 (10/00)

Attachment # N000000000052



12372

WE WERE UNAWARE  
that this form was  
required for a  
Non-profit Corporation.  
WE ARE a 100%  
Volunteer organization  
and are hopeful that  
this payment will be  
accepted. THANK YOU.