

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91536 015 ****61.25

DOCUMENT # NO1000003298

1. Entity Name

DREAM HOMES INVESTORS, INC.

Principal Place of Business

**3279 N.W. 43RD PL
OAKLAND PARK FL 33309**

Mailing Address

**3279 N.W. 43RD PL
OAKLAND PARK FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1104614

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MURPHY, VALERIE
3279 N.W. 43RD PL
OAKLAND PARK FL 33309**

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 Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MURPHY, VALERIE
3279 N.W. 43RD PL
OAKLAND PARK FL 33309**☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SMITH, MARSHALL
3279 N.W. 43RD PL
OAKLAND PARK FL 33309**☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WHITE, RONNIE
2711 N W 6TH COURT
POMPANO BEACH FL 33069**☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MASTON, DEBORAH
903 N. POWERLINE ROAD
POMPANO BEACH FL 33069**☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
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:

Valerie Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/17/02**
Date**(954) 385 6430**
Daytime Phone #

CR2E037 (9/01)