

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90058 004 ***61.25

DOCUMENT # N0100,0Q05390			
1. Entity Name SIMPLE DREAMS, INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 645 N VICTORIA PARK ROAD Suite, Apt. #, etc.		3. Mailing Address 645 N VICTORIA PARK ROAD Suite, Apt. #, etc.	
City & State FT. LAUDERDALE FL		City & State	
Zip 33304	Country	Zip	Country
DO NOT WRITE IN THIS SPACE		4. FEI Number 65-1128148	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name KUHN, JACK W JR.	
		Street Address (P.O. Box Number is Not Acceptable) 645 N. VICTORIA PARK ROAD	
		City FT. LAUDERDALE FL	
		Zip Code 33304	
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 _____			
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KUHN, JACK W JR 645 N. VICTORIA PARK ROAD FT. LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KUHN, DEBRA A JR. 645 N. VICTORIA PARK ROAD FT. LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COHEN, STEPHEN B. 2670 NE 215 STREET AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORROW, PATRICIA 1027 SE 10TH AVE FT. LAUDEDALE, FL 33316	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEVY, MARSHA 1400 W. COMMERCIAL BLVD # 165 FT. LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		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 on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			