

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91501 011 ****61.25

DOCUMENT # N01000005390

1. Entity Name
SIMPLE DREAMS, INC.



Principal Place of Business
645 N. VICTORIA PARK RD.
FT. LAUDERDALE, FL 33304

Mailing Address
645 N. VICTORIA PARK RD.
FT. LAUDERDALE, FL 33304

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
65-1128148

5. Certificate of Status Desired \$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
KUHN, JACK W JR.
645 N. VICTORIA PARK RD.
FT. LAUDERDALE, FL 33304

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KUHN, JACK W JR.	
STREET ADDRESS	645 N. VICTORIA PARK RD.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUHN, DEBRA A JR.	
STREET ADDRESS	645 N. VICTORIA PARK RD.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, STEPHEN B	
STREET ADDRESS	2670 NE 215TH ST.	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORROW, PATRICIA	
STREET ADDRESS	1027 SE 10TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVY, MARSHA	
STREET ADDRESS	1400 W. COMMERCIAL BLVD., SUITE 165	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ **4/23/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)