## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N02000007281

Entity Name: URBAN DREAMS FOUNDATION, INC.

FILED May 01, 2003 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
1610 NW 179 TERRACE MIAMI, FL 33169				
Current Mailing Address:		New Mailing Address:		
1610 NW 179 TERRACE MIAMI, FL 33169		P.O. BOX 694286 MIAMI, FL 33269 US		
FEI Number: 05-0533878	FEI Number Applied For ( ) FEI Nu	mber Not Appli	icable ( )	Certificate of Status Desired ( )
Name and Address of Cu	Name and Address of New Registered Agent:			
VENCHES JOANNE PAPILLON 1610 NW 179 TERRACE MIAMI, FL 33169				
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:				
Electronic Signature of Registered Agent		Date		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: ( ) [ Name: Address: City-St-Zip:	Delete	Title: Name: Address: City-St-Zip:	DIRE () C PAPILLON, VENC 1610 NW 179 TE MIAMI, FL 33169	RRACE
Title: ( ) [ Name: Address: City-St-Zip:	Delete	Title: Name: Address: City-St-Zip:	DIRE () C PAPILLON, GHIS 1610 NW 179 TE MIAMI, FL 33169	RRACE
Title: ( ) [ Name: Address: City-St-Zip:	Delete	Title: Name: Address: City-St-Zip:	DIRE () C PAPILLON, ARTH 1610 NW 179 TE MIAMI, FL 33169	RRACE

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VENCHES J PAPILLON DIRE 05/01/2003