
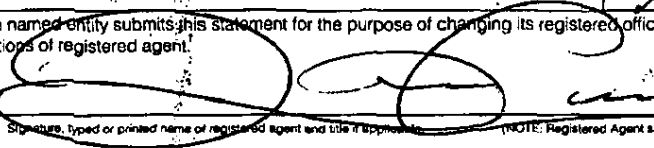
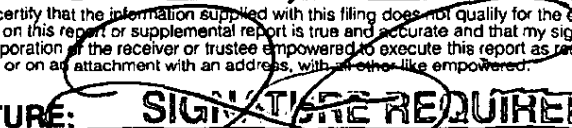


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2003 8:00 am
Secretary of State

5/2

05-02-2003 90108 041 ****70.00

DOCUMENT # NO2000007360					
1. Entity Name I HAD A DREAM FOUNDATION, INC.					
Principal Place of Business 6538 COLLINS AVENUE #377 MIAMI BEACH FL 33141			Mailing Address 6538 COLLINS AVENUE #377 MIAMI BEACH FL 33141		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 27-0048505	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KLOKE, PHILIPP 6538 COLLINS AVENUE #377 MIAMI BEACH FL 33141			Name Philipp Kloke		
			Street Address (P.O. Box Number is Not Acceptable) 6538 Collins Ave # 377		
			City Miami Beach FL Zip Code 33141		
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  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLOKE, PHILIPP		NAME		
STREET ADDRESS	6538 COLLINS AVENUE #377		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33141		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLOKE, PHILIPP		NAME		
STREET ADDRESS	6538 COLLINS AVENUE #377		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33141		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLOKE, PHILIPP		NAME		
STREET ADDRESS	6538 COLLINS AVENUE #377		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33141		CITY-ST-ZIP		
TITLE	Bill Muller	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	6538 Collins Ave # 377		NAME		
STREET ADDRESS	Miami Beach, FL 33141		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	Dr Charles B. Dickert	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	6538 Collins Ave # 377		NAME		
STREET ADDRESS	Miami Beach, FL 33141		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	Larry Lamona	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	6538 Collins Ave # 377		NAME		
STREET ADDRESS	Miami Beach, FL 33141		STREET ADDRESS		
CITY-ST-ZIP			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 or without other like empowered.					
SIGNATURE: 		SIGNATURE REQUIRED		Date January 30th 2003 954 Daytime Phone # 605.3006	

CR2E037 (10/02)