

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

4/28

FILED
Jun 30, 2003 8:00 am
Secretary of State

04-28-2003 90234 010 ****61.25

DOCUMENT # N02000009800

1. Entity Name

DREAMMAKERS FOR LIFE, INC.



Principal Place of Business

**C/O INTRASTATE REGISTERED AGENT CORP.
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131-3209**

Mailing Address

**C/O INTRASTATE REGISTERED AGENT CORP.
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131-3209**

55050130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0575297

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131-3209**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 ☐ Delete
NAME **D**
STREET ADDRESS **ROGERS, JAN MORGAN**
CITY-ST-ZIP **C/O 701 BRICKELL AVENUE, SUITE 3000**
MIAMI FL 33131-3209

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ROGERS PLEASANT, MICHELLE**
CITY-ST-ZIP **C/O 701 BRICKELL AVENUE, SUITE 3000**
MIAMI FL 33131-3209

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ROGERS, LAUREN' ANN**
CITY-ST-ZIP **C/O 701 BRICKELL AVENUE, SUITE 3000**
MIAMI FL 33131-3209

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 305-789-7485
Date Daytime Phone #

CR2E037 (10/02)