

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N04000000097

1. Entity Name
I HAVE A DREAM - OVERTOWN, INC.



Principal Place of Business
5104 SW 72ND AVENUE
MIAMI, FL 33155

Mailing Address
5104 SW 72ND AVENUE
MIAMI, FL 33155



02012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3775722

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUCHBINDER, MARK
5104 SW 72ND AVENUE
MIAMI, FL 33155

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BUCHBINDER, MARK
STREET ADDRESS 5104 SW 72ND AVENUE
CITY-ST-ZIP MIAMI, FL 33155

TITLE VD
NAME BUCHBINDER, MARJORIE
STREET ADDRESS 5104 SW 72ND AVENUE
CITY-ST-ZIP MIAMI, FL 33155

TITLE SD
NAME BUCHBINDER, LAURA
STREET ADDRESS 5104 SW 72ND AVENUE
CITY-ST-ZIP MIAMI, FL 33155

TITLE VD
NAME TUMP, STEPHANIE
STREET ADDRESS 4000 ISLAND BLVD.
CITY-ST-ZIP AVENTURA, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000222690
02/10/05-60011-017 70.00

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IN THIS SPACE**

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

MARK BUCHBINDER

2/1/05

Date

305-
669-1350

Daytime Phone #