

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006536

1. Entity Name

DREAM MAKERS MODEL & DANCE STUDIOS, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90045 050 ****70.00

Principal Place of Business

151 N.W. 60TH STREET
 #C3
 MIAMI FL 33127
 US

Mailing Address

5261 NW 180 TER
 MIAMI FL 33055
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0795294

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JEAN, ROSE MARIE
 42308 FISHER ISLAND DRIVE
 FISHER ISLAND FL 33109

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33055

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.

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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, DANNY	
STREET ADDRESS	19620 N.W. 6TH PLACE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, NORFLETT E	
STREET ADDRESS	1475 EAST AVE., #C1	
CITY-ST-ZIP	ROCHESTER NY 14610	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, ELLA M	
STREET ADDRESS	19620 NW 6TH PLACE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAWYER, ELLA MAE	
STREET ADDRESS	1046 SHARER AVE.	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ST.ANGE, HELENE	
STREET ADDRESS	5261 NW 180 TERR	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, RONNIE A.	
STREET ADDRESS	5261 NW 180 TER	
CITY-ST-ZIP	MIAMI FL 33055	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)