

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90183 024 ***150.00

DOCUMENT # P00000006868

1. Entity Name
MAKE A DREAM COME TRUE, INC.

00052177



DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~7545 SW 152ND AVE.~~
~~D-204~~
~~MIAMI FL 33193~~

Mailing Address
7545 SW 152ND AVE.
D-204
MIAMI FL 33193

2. Principal Place of Business
2611 S.W. 3rd St

3. Mailing Address
2611 S.W. 3rd St

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0982636

Zip
33135

Country
U.S.A.

Zip
33135

Country
U.S.A.

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

6. Name and Address of Current Registered Agent
FAGUNDO, ERNESTO
13984 S.W. 139TH COURT
MIAMI FL 33186

7. Name and Address of New Registered Agent
 Name **SELVA V. TENENDEZ**
 Street Address (P.O. Box Number is Not Acceptable)
2611 S.W. 3rd St
 City **Miami, FL** Zip Code **33135**

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 **SELVA V. TENENDEZ** **04/29/01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD FAGUNDO, ERNESTO 13984 S.W. 139TH COURT MIAMI FL 33186 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SELVA V. TENENDEZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2611 S.W. 3rd St Miami, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nancy A. Diaz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2611 S.W. 3rd St Miami, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIA ISABEL AGUIAR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2611 S.W. 3rd St Miami, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SELVA V. TENENDEZ** **04/29/01** **(305) 649-7723**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)