2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State
04-27-2001 90399 007 ***150.00

DOCUMENT # P00000036284

1. Entity Name

MERLYN'S DREAMS ENTERPRISE CORPORATION

Principal Place of Business	Mailing Address
11013 NW 40TH STREET, SUITE 6 SUNRISE FL 33351	11013 NW 40TH STREET, SUITE 6 SUNRISE FL 33351

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
110 K. Hammarlee Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Glen Barnie	City & State: MD.
Zip: 21060 Country:	Zip: Country:

4. FEI Number: 65-0776634 ☐ 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
Maria Elena Infante 183 S. State Road 7 Margate FL 33068	Name: Yahaira Villalobos Street Address (P.O. Box Number is Not Acceptable): 4486 Mahogany Ridge Dr. City: Weston FL Zip Code: 33331

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] DATE: 4/20/01

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	X Yajaira Villalobos 110 K. Hammarlee Rd Glen Barnie MD 21060 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: [signature] 4/20/01 (410) 787-2304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

8941

FLORIDA DEPARTMENT OF STATE

FROM: MERLYN'S ENTERPRISE CORPORATION

REF. P 00000036284

YAJAIRA VILLALOBOS
PRESIDENT
4486 MAHOGANY RIDGE DR
WESTON FL 33331

LUIS E LINERO
DIRECTOR
11940 REED DR
BLDG APT. 306
ORLANDO FL 32836