

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90316 023 ***150.00

DOCUMENT # P00000040756

1. Entity Name
DREAMTECH INC.



Principal Place of Business
**6991 NW 82 AVENUE
BAY NO 4
MIAMI FL 33166**

Mailing Address
**6991 NW 82 AVENUE
BAY NO 4
MIAMI FL 33166**



2. Principal Place of Business
**2874 NW 79TH AVE
Suite, Apt. #, etc.**

3. Mailing Address
**2874 NW 79TH AVE
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-1001953**

Applied For
Not Applicable

Zip Country
33122 USA

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33122 USA

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

6. Name and Address of Current Registered Agent

**BITTON, YANN
6991 NW 82 AVENUE
BAY NO 4
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name
BITTON, YANN
Street Address (P.O. Box Number is Not Acceptable)
2874 NW 79TH AVE
City **MIAMI** **FL** Zip Code **33122**

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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DP BITTON, YANN	6991 NW 82 AVE BAY 4	MIAMI FL 33166	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	DP BITTON, YANN	2874 NW 79TH AVE	MIAMI FL 33122	

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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)