

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90095 021 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000065332**

1. Entity Name

ONLY SWEET DREAMS, INC.

U S T A T E

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2267 S UNIVERSITY DR

3. Mailing Address
2267 S UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DAVIE FL

City & State
DAVIE, FL

4. FEI Number
65-1038313

Applied For
Not Applicable

Zip
33324

Country
USA

Zip
33324

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SOSKA, MARIA

Street Address (P.O. Box Number is Not Acceptable)
2267 S UNIVERSITY DR

City
DAVIE

FL

Zip Code
33324

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

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

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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
PD
SOSKA, MARIA
2267 S UNIVERSITY DR
DAVIE, FL 33324

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
SOSKA, FRANK
2267 S UNIVERSITY DR
DAVIE, FL 33324

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with an other like empowered.

SIGNATURE:

Maria Soska MARIA SOSKA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 954-693-0475
Date Daytime Phone #

CR2E034B (12/01)