

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90393 008 ***150.00

DOCUMENT # P00000089522

1. Entity Name
SAFE DREAMS, INC.

Principal Place of Business Mailing Address
15020 S.W. 88TH LANE wrong Address **15020 S.W. 88TH LANE**
MIAMI FL 33196 **MIAMI FL 33196**

2. Principal Place of Business 3. Mailing Address
15030 S.W. 88 LANE **15030 S.W. 88 LANE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FL. **MIAMI FL.**

Zip Country Zip Country
33196-1307 MIAMI-DADE **33196-1307 MIAMI-DADE**

6. Name and Address of Current Registered Agent

MEIER, DAVID
15020 S.W. 88TH LANE
MIAMI FL 33196-1307

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MEIER, DAVID**
 CITY-ST-ZIP **15020 S.W. 88TH LANE - wrong Address**
MIAMI FL 33196

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **MEIER DAVID**
 STREET ADDRESS **15030 S.W. 88 LANE**
 CITY-ST-ZIP **MIAMI FL 33196-1307**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 an other like empowered.

SIGNATURE: **DAVID MEIER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01 **(305) 386-6882**
 Date Daytime Phone #

CR2E034 (10/00)