

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91526 050 ***150.00

DOCUMENT # PO10000781600 ✓

1. Entity Name

Miami Dreams Promotions Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3747 Royal Palm Ave

Suite, Apt. #, etc.

3. Mailing Address

4045 Sheridan Ave

Suite, Apt. #, etc.

Suite 257

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-1129004

Applied For

☒ Not Applicable

Zip

Country

33140

U.S.A

Zip

Country

33140

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Carol Rosenblatt

Street Address (P.O. Box Number is Not Acceptable)

3747 Royal Palm Ave

City

Miami Beach

FL

Zip Code

33140

**DO NOT WRITE
IN THIS SPACE**

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
	<u>P/V/T/S</u>		
	<u>Carol Rosenblatt</u>		
	<u>3747 Royal Palm Ave</u>		
	<u>Miami Beach, FL</u>		<u>33140</u>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carol Rosenblatt 4/18/02 305-674-3135

CR2E034B (12/01)