

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

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91328 003 \*\*\*150.00

**DOCUMENT #** PO1000104252

**1. Entity Name**

Dream Concierges, Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

333 West Camino Blvd.

Suite, Apt. #, etc.

#203

City & State

Boca Raton, FL

Zip

33432

Country

USA

**3. Mailing Address**

23275 Alora Drive

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

65-1153458

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

Nofel + Nofel, P.A.

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

3284 N. State Rd 7

City

Lauderdale Lakes

**FL**

Zip Code

33319

**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**

PTD  
Weiss, Steven M.  
333 West Camino Blvd Suite #203  
Boca Raton, FL 33432

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

VP  
Taylor, Breeze R  
23275 Alora Drive  
Boca Raton, FL 33432

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**

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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 all other like empowered.**

**SIGNATURE:**

Breeze Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02

561-251-9422

CR2E034B (12/01)