## PAge 10/2

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000032618 03 SEP 24 AM 9 20 1. Entity Name DREAM AMERICA MANAGEMENT, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 200023554262 10/03/03-01081-029 \*150.00 14875 SW 45 CT 14875 SW 45 CT Suite, Apt. #, etc. Suite, Apt, #, etc. Applied For City & State 4. FEI Number City & State MIRAMAR, FL MIRAMAR, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33027 33027 USA USA Fee Required 7. Name and Address of Current Registered Agent Name JACQUELINE PUPO DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 14875 SW 45 CT City MIRAMAR Zip Code 33027 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 Jacqueline Pupo 9/22/03 SIGNATURE and title if applicable (NOTE: Registered Agent signature required when reinslating) January 1/May 1 Fee is \$150.00 9. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS CR2E034B (12/02) TITLE TITLE P/V/D NAME 4 NAME JACQUELINE PUPO STREE\*ADDRESS STREET ADDRESS 14875 SW 45 CT, MIRAMAR, FL 33027 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jacqueline Pupo

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/22/03

(305) 205-6117

Date

Daytime Phone #

Pagenet

## DREAM AMERICA MANAGEMENT, INC. 14875 SW 45 CT MIRAMAR, EL 33027 (305) 205-6117

September 22, 2003 via Federal Express

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re:

Dream America Management, Inc.

Document # P02000032618

Dear Sir or Madam:

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On September 12, 2003, I filed an amendment to the corporation Dream America Lending (attached is a copy). The Amendment included corporate name change to Dream America Management, mailing address change and purpose of business change. At that time, I advised you of the mailing address as 14875 SW 45 Court, Miramar, Fl 33027.

Please note that today I went online and noticed that the above corporation was administratively dissolved on 09/19/03 due to the annual report. Since the mailing address had changed, I did not receive any correspondence from the division of corporation and was not aware of my responsibility to file an annual report. I immediately contacted your office by phone and was instructed to download the UBR form, fill it out and mail it with my \$150.00 filing fee. I would appreciate it if you accept this form and my filing fee and activate the corporation.

Thank you for your anticipated assistance in this matter.

Sincerely,

agqueline Pupo

**Enclosure**