

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90162 006 ***150.00

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DOCUMENT # P02000038443

1. Entity Name

DREAM GATE, INC.



Principal Place of Business
17210 N.W. 64TH AVE.
#207
MIAMI FL 33015

Mailing Address
17210 N.W. 64TH AVE.
#207
MIAMI FL 33015



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3697314

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICO, MAURICIO E
17210 N.W. 64TH AVE.
#207
MIAMI FL 33015

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS RICO, MAURICIO E
CITY-ST-ZIP 17210 N.W. 64TH AVE., APT. #207
MIAMI FL 33015

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

TITLE ☐ Delete
NAME V
STREET ADDRESS RICO, RODRIGO
CITY-ST-ZIP 17210 N.W. 64TH AVE., APT. #207
MIAMI FL 33015

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

TITLE ☐ Delete
NAME ST
STREET ADDRESS RICO, ORLANDO
CITY-ST-ZIP 17210 N.W. 64TH AVE., APT. #207
MIAMI FL 33015

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/03

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

17210 NW 64th Avenue #207
Miami, FL 33015

Dream Gate, Inc.

80148550
P02000038443

September 11, 2003

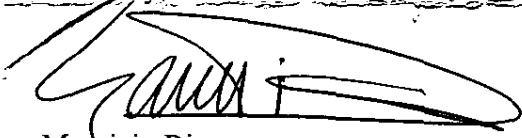
Division Of Corporations
P.O. Box 1500
Tallahassee, FL. 32302

Dear Sir or Madam:

Please find enclosed a 2003 annual report for my company. I have no records of receiving the first notice of annual report for 2003 and just received this form. This is the first business that I ever had in the US and I did not know about this report that is due every year until now.

In light of these circumstances, I would appreciate that you wave the late payment penalty.

Sincerely,



Mauricio Rico
President