## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P02000048471 **DOCUMENT #**

1. Entity Name

**BIG DREAM REALTY CORPORATION** 



Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90041 030 \*\*\*163.75

**FILED** 

	SWITE SELL OOK ORKHON					
Principal Pl. 225 NE 1236 NORTH MIAI		Mailing Address 225 NE 123RD STREET NORTH MIAMI FL 33161		1 18811882 112 881118 11811 88111 88111 88111 88111 88111	<b>0</b> 5001 (0)14 0184	2 <b>245</b> 1 14 <b>5</b> 1 18 <b>5</b> 1
2. Principal Place of Business 12700 Biscayne Blvd.  Suite. Apt. #, etc.  Suite. 305  3. Mailing Address SAME Suite. Apt. #, etc.				CHECK HERE IF MAKIN		
Cib. 9 Chan				4. FEI Number Applied For		
North			<u>, , , , , , , , , , , , , , , , , , , </u>	04-3664047	<b>⊢</b>	lot Applicable
3318	3L U.S. A.	Zip	Country	5. Certificate of Status Desired	\$8.75 Ad Fee Requir	dditional ed
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered		
C) ITIEDD	F7 IVO		Name	SAME	<del></del>	
GUTIERREZ, IVO 225 NE 123RD STREET			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
NORTH MIAMI FL 33161						
			City	FI	Zip Cod	de
8. The above	re named entity submits this statement for	the nurnose of changing its re	raistand office or region	stered agent, or both, in the State of Florida. I am	-	
เมษายมศูล	ations of egistered agent.			•	familiar with,	and accept
√ SIGNATURE	Guy Ivo G	utierrez. Ex	ocutive V	Ice-President 1/7	122	,
	Signatule, fired or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signature requi	ulred when reinstating) DATE	100	
, j	FILE NOW!!! FEE IS \$150.00					
	er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department of t	24.4.		9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
10.	OFFICERS AND D			<u> </u>		
TITLE	PD OFFICERS AND D	Delete	IITLE	ADDITIONS/CHANGES TO OFFICERS AND		
NAME	CASTANO, HECTOR J	CT Delete	NAME		☐ Change	☐ Addition
STREET ADDRESS	CARRERA 8VA #20-67 #403		STREET ADDRESS			
CITY-ST-ZIP	PEREIRA, COLOMBIA		CITY-ST-ZIP			
TITLE	VD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME STREET ADDRESS	CASTANO, GLORIA A		NAME			
CITY-ST-ZIP	CARRERA 8VA #20-67 #403  PEREIRA, COLOMBIA		STREET ADDRESS CITY-ST-ZIP			
TITLE	SD -	☐ Delete	TITLE		Channe	
NAME	CASTANO, MARIA C	Delete	NAME		☐ Change	☐ Addition
STREET ADDRESS	225 NE 123RD STREET		STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL 33161		CITY-ST-ZIP			
TITLE	EVP	☐ Delete	TITLE		Change	☐ Addition
NAME	GUTIERREZ, IVO		NAME		_ •	_
STREET ADDRESS CITY-ST-ZIP	225 NE 123 STREET		STREET ADDRESS			
TITLE	NORTH MIAMI FL 33161		CITY-ST-ZIP			
NAME	İ	☐ Delete	TITLE NAME		☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	Addition
NAME	1		NAME			AOUIDUII
STREET ADDRESS		•	STREET ADDRESS			
CITY-ST-ZIP	i		CITY-ST-ZIP			

SIGNATURE: (

<sup>12.</sup> I hereby certify that the information supplied with this filling 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.