

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000079799

1. Entity Name
DREAM MUSIC FACTORY, INC



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90992 016 ***150.00

0321343 AV

Principal Place of Business 8707 S.W. 152ND AVE. #331 MIAMI FL 33193	Mailing Address 8707 S.W. 152ND AVE. #331 MIAMI FL 33193
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2. Principal Place of Business 8707 S.W. 152 Ave Suite, Apt. #, etc. #331	3. Mailing Address 8707 S.W. 152 Ave. Suite, Apt. #, etc. #331
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☐ CHECK HERE IF MAKING CHANGES

City & State MIAMI, Florida	City & State MIAMI, Florida	4. FEI Number 32-0073372	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33193	Country U.S.A.	Zip 33193	Country U.S.A.
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PEREZ, LENA 8707 S.W. 152ND AVE. #331 MIAMI FL 33193		7. Name and Address of New Registered Agent Name PEREZ LENA Street Address (P.O. Box Number is Not Acceptable) 8707 S.W. 152 Ave. #331 City MIAMI FL Zip Code 33193	
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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] DATE 04-28-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, LENA 8707 S.W. 152ND AVE. #331 MIAMI FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANCHEZ, RAFAEL A 8707 S.W. 152ND AVE. #331 MIAMI FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] DATE 04-28-03 (305) 380-0186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)