

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90030 024 ***150.00

DOCUMENT # 094000008528

1. Entity Name

Okeed Dreams Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18201 S.E. Federal Hwy

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3875

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tequesta, Florida

City & State

Tequesta, Florida

4. FEI Number

650470264

Applied For

Not Applicable

Zip

Country

U.S.A.

Zip

Country

U.S.A.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Michael Bell

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

18201 S.E. Federal Hwy

City

Tequesta

FL

Zip Code

33469

**DO NOT WRITE
IN THIS SPACE**

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 President
NAME Michael R. Bell
STREET ADDRESS 18201 S.E. Federal Hwy
CITY-ST-ZIP Tequesta, FL 33469

TITLE V.P. - Secy. Treas.
NAME Pamela Bell
STREET ADDRESS 18201 S.E. Federal Hwy
CITY-ST-ZIP Tequesta, FL 33469

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CR2E034B (12/01)

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:

Michael Bell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

381-746-1967

Daytime Phone #