

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000079146

1. Entity Name

DREAMLINE-LINEA DEL SUENO & CONSULTATION, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90170 020 ***150.00

Principal Place of Business

1393 SW 1ST ST
#360
MIAMI FL 33125
US

Mailing Address

6900 BAY DR
APT PH B
MIAMI BEACH FL 33141-5491

2. Principal Place of Business

6900 Bay Dr
Suite, Apt. #, etc.
11 B

City & State
Miami Beach

Zip
33141

Country
USA

3. Mailing Address

6900 Bay Dr
Suite, Apt. #, etc.
11 B

City & State
FL

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 25-0553338

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ-DOMECH, CARMEN
6900 BAY DR, SUITE PHB
APT PH B
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 DA
NAME ALEXANDER ALVAREZ, ELSIE
STREET ADDRESS 6900 BAY DR APT PHB
CITY-ST-ZIP MIAMI BEACH FL

☐ Delete

TITLE D
NAME DOMECH GONZALEZ, CARMEN
STREET ADDRESS 6900 BAY DR, APT PHB
CITY-ST-ZIP MIAMI BEACH FL

☐ Delete

TITLE
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)