

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

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90142 020 ***150.00

DOCUMENT #

1. Entity Name **DREAMLINE-LINER DEL SUEÑO & CONSULTATION, INC.**

(P9900009146)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6450 Collins Ave

3. Mailing Address

6450 Collins Ave

Suite, Apt. #, etc.

1404

Suite, Apt. #, etc.

1404

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33141

Country

Miami-Dade

Zip

33141

Country

Miami-Dade

4. FEI Number

65-0533382

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Carmen Gonzalez Domech

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

6450 Collins Ave Suite 1404

Miami Beach

FL

Zip Code

33141

**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 **Carmen Gonzalez**

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

(NOTE: Registered Agent signature required when reinstating)

03-20-02

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

Director:
TITLE **Carmen Gonzalez Domech**
NAME **6450 Collins Ave Suite 1404**
STREET ADDRESS **Miami Beach, FL 33141**
CITY-ST-ZIP

VP
TITLE **ELsie Alexander**
NAME **6980 Bay Dr.**
STREET ADDRESS **Miami Beach, FL 33141**
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-2002 305807-2328

Date

Daytime Phone #

CR2E034B (12/01)