

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90366 008 \*\*\*150.00

**DOCUMENT # P94000079146**

1. Entity Name  
**DREAMLINE-LINEA DEL SUENO & CONSULTATION, INC.**



Principal Place of Business  
**6450 COLLINS AVE  
1404  
MIAMI BCH FL 33141  
US**

Mailing Address  
**6450 COLLINS AVE  
1404  
MIAMI BCH FL 33141  
US**



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**

City & State  
**Miami Beach**

4. FEI Number **25-0553338**

Applied For  
Not Applicable

Zip  
**33141**

Country  
**USA**

Zip  
**33141**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**GONZALEZ-DOMECH, CARMEN  
6450 COLLINS AVE STE 1404  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ALEXANDER ALVAREZ, ELSIE</b>	
STREET ADDRESS	<b>6980 BAY DR.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33141</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DOMECH GONZALEZ, CARMEN</b>	
STREET ADDRESS	<b>6450 COLLINS AVE STE 1404</b>	
CITY-ST-ZIP	<b>MIAMI FL 33141</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)