

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000075294**

1. Entity Name

DREW'S DREAM, INC.**FILED****Feb 05, 2000 8:00 am**
Secretary of State

02-05-2000 90010 016 ***150.00

Principal Place of Business

3250 MARY ST
SUITE 100
COCONUT GROVE FL 33133
US

Mailing Address

3250 MARY ST
SUITE 100
COCONUT GROVE FL 33133-5232
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0617857

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHATZMAN, ROBERT A
200 SOUTH BISCAYNE BLVD.
SUITE 1050
MIAMI FL 33131-2394

Name

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

2601 S. Bayshore Drive
Ste. 1600

City

Coconut Grove

FL

Zip Code
33133

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | |
|-------|-------------------|----------------------------|------------------|---------------------------------|-------|------|----------------|-------------|---|
| PD | DAVIS, PAUL H | 5821 SAN AMARO DRIVE | CORAL GABLES FL | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| VST | DAVIS, TAMMY | 5821 SAN AMARO DRIVE | CORAL GABLES FL | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| AS | FREEMAN, LEWIS B. | 3250 MARY STREET SUITE 103 | COCONUT GROVE FL | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> 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 all other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: *James Davis* Date: *Feb. 1/20/99* 305-661-4905