## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000031315 Mar 15, 2000 8:00 am Secretary of State AFFORDABLE DREAM INVESTMENTS, INC. . 03-15-2000 90050 014 \*\*\*150.00 Mailing Address Principal Place of Business 3015 NI OCEAN BLVD 3015 N OCEAN BLVD STE C-101 STE C-101 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308-7335 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. ", Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0724999 Not Applicable Country \$8,75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIERRA, GUILLERMO L Street Address (P.O. Box Number is Not Acceptable) 3015 N OCEAN BLVD STE C-101 FT LAUDERDALE FL 33308 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Change ☐ Addition TITLE ☐ De¹ete DE SIERRA, BLANCA L NAME NAME STREET ADORESS STREET ADDRESS 3015 N OCEAN BLVD C-101 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Change ☐ Addition ☐ Delete TITLE TITLE GARCIA, LILIANA NAME NAME 3015 N OCEAN BLVD C101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ca do Sierra 3-10-2000

(959)563-8738

Daytime Phone #