

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90065 018 ***150.00

DOCUMENT # P96000081005

1. Entity Name

DREAM DOLLS GALLERY & MORE, INC.

Principal Place of Business

Mailing Address

**5700 OKEECHOBEE BLVD.
 STE 25
 WEST PALM BEACH FL 33417**

**5700 OKEECHOBEE BLVD.
 STE 25
 WEST PALM BEACH FL 33417
 US**

920083



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0698468

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HANSEN, JUDENE A
 5700 OKEECHOBEE BLVD
 STE 25
 WEST PALM BEACH FL 33413**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
 NAME: **HANSEN, JUDENE** Delete
 STREET ADDRESS: **4100 N. OCEAN DR. #1402**
 CITY-ST-ZIP: **SINGER ISLAND FL**

TITLE: P Change Addition
 NAME: **HANSEN, JUDENE**
 STREET ADDRESS: **6694 SOUTH CALUMET CIR**
 CITY-ST-ZIP: **LAKE WORTH, FL 33467**

TITLE: VP Delete
 NAME: **HANSEN, CHARLES JR.**
 STREET ADDRESS: **4100 N. OCEAN DR. #1402**
 CITY-ST-ZIP: **SINGER ISLAND FL**

TITLE: VP Change Addition
 NAME: **HANSEN, CHARLES JR**
 STREET ADDRESS: **6694 SOUTH CALUMET CIR**
 CITY-ST-ZIP: **LAKE WORTH, FL 33467**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/2001
 Date

360-9575
 Daytime Phone #

CR2E034 (10/00)