

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088389

1. Entity Name

DREAM CATCHER FURNITURE & DESIGN, INC.

**FILED**  
May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90204 028 \*\*\*150.00

Principal Place of Business

Mailing Address

504 E. ATLANTIC AVENUE  
DELRAY BEACH FL 33483  
US

504 E. ATLANTIC AVENUE  
DELRAY BEACH FL 33483-5324  
US

2. Principal Place of Business

1098 Hibiscus Ln.

3. Mailing Address

1098 Hibiscus Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Delray Bch. FL

City & State

Delray Beach FL

4. FEI Number

19-3465215

Applied For

Not Applicable

Zip

33444

Country

Palm Beach

Zip

33444

Country

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, ELAINE  
1098 HIBISCUS LANE  
DELRAY BEACH FL 33444

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.

SIGNATURE

Elaine Lewis

4-18-00

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 State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME LEWIS, ELAINE  
STREET ADDRESS % 504 EAST ATLANTIC AVENUE  
CITY-ST-ZIP DELRAY BEACH FL 33283

☐ Delete

TITLE VD  
NAME PILUSO, THERESA  
STREET ADDRESS % 504 EAST ATLANTIC AVENUE  
CITY-ST-ZIP DELRAY BEACH FL 33283

☐ Delete

TITLE D  
NAME PILUSO, ELAINE  
STREET ADDRESS % 504 EAST ATLANTIC AVENUE  
CITY-ST-ZIP DELRAY BEACH FL 33283

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME Lewis, Elaine  
STREET ADDRESS 1098 HIBISCUS LN.  
CITY-ST-ZIP DELRAY Bch. FL. 33444

☒ Change ☐ Addition

TITLE VD  
NAME PILUSO, Theresa  
STREET ADDRESS 3804 N.W. 5th Ave  
CITY-ST-ZIP BOCA RATON, FL 33431

☒ Change ☐ Addition

TITLE D  
NAME PILUSO, Elaine  
STREET ADDRESS 3804 N.W. 5th Ave  
CITY-ST-ZIP BOCA RATON, FL 33431

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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 like empowered.

SIGNATURE:

Elaine Lewis

4-18-00

(561) 278-9799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)