

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040546

1. Entity Name

DREAMLIFE CORPORATION

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90093 025 ***150.00

Principal Place of Business

214 DUNBAR ROAD
PALM BEACH FL 33480
US

Mailing Address

C/O JOHN H. HOUGH
249 ROYAL PALM WAY., STE 403
PALM BEACH FL 33480-4334
US

2. Principal Place of Business

Palm Beach, FL
Suite, Apt. #, etc.
214 Dunbar Road

3. Mailing Address

C/O John Hough
Suite, Apt. #, etc.
249 Royal Palm Way #403

City & State

Palm Beach, FL

City & State

Palm Beach

Zip
33480

Country
USA

Zip
33480

Country
FL

4. FEI Number

65-0778052

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

HOUGH, JOHN H.
249 ROYAL PALM WAY., STE 403
PALM BEACH FL 33480

Name
N/A

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HOROWITZ, YVONNA M 214 DUNBAR ROAD PALM BEACH FL 33480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 like empowered.

SIGNATURE:

Y. Horowitz *Yvonna M. Horowitz* March 1, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 561-822-9939

CR2E034 (9/99)