

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048052

1. Entity Name

DREAM FLOWERS CORP.

Principal Place of Business

2652 NW 21ST TERRACE  
MIAMI FL 33142

Mailing Address

2652 NW 21ST TERRACE  
MIAMI FL 33142-7113

2. Principal Place of Business

1351 NW 78 Ave

Suite, Apt. #, etc.

3. Mailing Address

PO BOX  
2200 N.W 72 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0761116

Applied For

Not Applicable

Zip

Country

33126

Zip

Country

33152-3502

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FABREGA, MARIA  
2652 NW 21ST TERRACE  
C/O DREAM FLOWERS CORP  
MIAMI FL 33142

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

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 PTD ☐ Delete  
NAME FABREGA, ROBERTO-AVENIDA AMAZONAS,  
STREET ADDRESS (EDIFICIO BANCO AMAZONAS) 4TH FL., #402  
CITY-ST-ZIP QUITO, ECUDOR

TITLE SVD ☐ Delete  
NAME MARIA DEL ROSARIO TOBAR DE FABREGA  
STREET ADDRESS (EDIFICIO BANCO AMAZONAS) 4TH FL., #402  
CITY-ST-ZIP QUITO, ECUDOR

TITLE M ☐ Delete  
NAME MARIA FABREGA DE BORJA  
STREET ADDRESS 300 SUNRISE DR 2E  
CITY-ST-ZIP MIAMI FL 33149

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

50

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90007 016 \*\*\*150.00

00004000



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

3-6-2000 629-8649