

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103366

1. Entity Name

DREAM EXPORT, CORP.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90025 013 ***150.00

Principal Place of Business

8101 NW 27TH STREET
SUITE 4
POMPANO BEACH FL 33065

Mailing Address

8101 NW 27TH STREET
SUITE 4
POMPANO BEACH FL 33065

2. Principal Place of Business

6890 NW 20 AVE

3. Mailing Address

6890 NW 20 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

4
FORT LAUDERDALE, FL

City & State

4
FORT LAUDERDALE, FL

Zip

33309

Country

BRUNSWICK

Zip

33309

Country

BRUNSWICK

4. FEI Number

65-0797853

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPINA, JETER L
8101 NW 27TH STREET
#04
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

SPINA, JETER L

Street Address (P.O. Box Number is Not Acceptable)

8101 NW 20 AVE # 4

City

FORT LAUDERDALE

FL

Zip Code

33309

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]
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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	SPINA, JETER L	
STREET ADDRESS	8101 NW 27TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SPINA, JETER L	
STREET ADDRESS	8101 NW 27TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINA, JETER L	
STREET ADDRESS	8101 NW 20 AVE # 4	
CITY-ST-ZIP	FORT LAUDERDALE	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)