## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 22, 2001 8:00 am Secretary of State DOCUMENT # **P98000020626** Entity Name 05-22-2001 90793 034 \*\*\*150.00 DREAM CRUZ II, INC. Principal Place of Business Mailing Address % Atlantia Holdings % Atlantia Holdings 910 S.E. 17<sup>th</sup> St., Suite 300 910 S.E. 17<sup>th</sup> St., Suite 300 553067 Ft. Lauderdale, FL 33316 Ft. Lauderdale, FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0817202 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WAGNER, J 647 E. DANIA BEACH BLVD Wagner, J. DANIA BEACH FL 33004 % Atlantia Holdings 910 SE 17th St., # 300 Zip Code Ft. Lauderdale, FL 33316 FL 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 nted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE After MAY 1, 2001 Fee will be \$550.00 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PSTD TITLE TITLE **BOULIS, GUS** NAME NAME Bailey, William A. STREET ADDRESS STREET ADDRESS 647 E. DANIA BEACH BLVD % Atlantia Holdings CITY-ST-ZIE CITY-ST-ZIP 910 SE 17th St., # 300 DANIA BEACH FL 33004 Ft. Lauderdale, FL 33316 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Farrell, James B. CITY-ST-ZIP CITY-ST-ZIP % Atlantia Holdings TITLE ☐ Delete TITLE 910 SE 17th St., #300 hande Addition NAME NAME Ft. Lauderdale, FL 33316 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED