

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

0056749
 AV

DOCUMENT # P98000056229

1. Entity Name

DREAM MAKER ART COMPANY

Principal Place of Business

**1087 N.E. 204 TERRACE
 NORTH MIAMI BEACH FL 33179**

Mailing Address

**1087 N.E. 204 TERRACE
 NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0849484

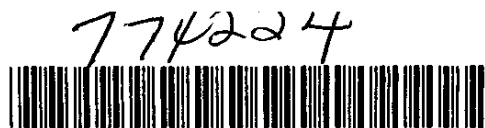
Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACOBSON, STEWART
 950 SO. FEDERAL HWY.
 HOLLYWOOD FL 33020**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **D** ☐ Delete
 NAME **ISRAEL, MICHAEL**
 STREET ADDRESS **1087 N.E. 204 TERRACE**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 #

7-25-01 305 654 4036

CR2E034 (5/01)

Attachment # *774224*
Dream maker Art Company
1087 NE 204 Terr
N Miami Bch, FL 33179
(305)654-4036

7/25/01

Florida Department Of State
Div Of Corp
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

I did not receive the original 2001 Uniform Business Report to file due in May. I did receive a 2001 Uniform Business Report due in Sept. with a penalty.

On calling your offices, I was instructed to write this letter and pay only the \$150 that would have been due on the form I did not receive.

Enclosed please find the 2001 Uniform Business Report and a check for \$150.

Sincerely,



Michael Israel
President