

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90019 047 \*\*\*150.00

0111604 AV

**DOCUMENT # P98000104578**

1. Entity Name

**HOLIDREAMS BUSINESS CORP.**

Principal Place of Business

Mailing Address

~~5733 PGA BLVD. #321~~  
~~ORLANDO FL 32839~~

~~5733 PGA BLVD. #321~~  
~~ORLANDO FL 32839~~



2. Principal Place of Business

3. Mailing Address

**4900 EAGLESMEERE DR**

**4900 EAGLESMEERE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#134**

**#134**

City & State

City & State

**ORLANDO-FL**

**ORLANDO-FL**

Zip

Country

Zip

Country

**32819**

**USA**

**32819**

**USA**

4.-FEI Number

**59-3548977**

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

**VIEIRA, WILSON MATHIEL**  
**5733 PGA BLVD. #321**  
**ORLANDO FL 32839**

Name **VIEIRA WILSON MATHIEL**

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

**4900 EAGLESMEERE DR #134**

City **ORLANDO**

FL

Zip Code **32819**

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, 2002 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	PTSD	<input checked="" type="checkbox"/> Delete
NAME	VIEIRA, WILSON MATHIEL	
STREET ADDRESS	5733 PGA BLVD. #321	
CITY-ST-ZIP	ORLANDO FL 32839	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIEIRA, WILSON MATHIEL	
STREET ADDRESS	4900 EAGLESMEERE DR	
CITY-ST-ZIP	ORLANDO FL 32819	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)