

2001 UNIFORM BUSINESS REPORT (UBR) 2

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90450 046 ***158.75

DOCUMENT # **P98000106510**

1. Entity Name

The Dream Makers By Rose Kish, Inc ✓

Principal Place of Business

Mailing Address

2. Principal Place of Business

2528 NW 49 TERR

3. Mailing Address

2528 NW 49 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

COCONUT CREEK,

City & State

COCONUT CREEK

4. FEI Number

65-0890646

Applied For

Not Applicable

Zip

33063

Country

Zip

33063

Country

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

ROSE KISH

2528 NW 49 TERR

COCONUT CREEK, FL. 33063

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 **Pres** ☐ Delete
NAME **ROSE KISH**
STREET ADDRESS
CITY-ST-ZIP

TITLE **Pres** ☒ Change ☐ Addition
NAME **ROSE KISH**
STREET ADDRESS **2528 NW 49 TERR**
CITY-ST-ZIP **COCONUT CREEK, FL. 33063**

TITLE ☐ Delete
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #