2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91168 006 ***150.00

DOCUMENT # P99000003520

1. Entity Name

DREAMNET ENTERPRISES, INC.

Principal Place of Business

Mailing Address

771245

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4400 N.W. 19 AVE.		4400 N.W. 19 AVE.	
Suite, Apt. #, etc. SUITE B		Suite, Apt. #, etc. SUITE B	
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL	
Zip 33064	Country USA	Zip 33064	Country USA

4. FEI Number 65-0886093 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

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 $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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MARIN, KIMBERLY A.	NAME	
STREET ADDRESS	1230 S.W. 46 AVE.	STREET ADDRESS	4400 N.W. 19 AVE, SUITE B
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	SVD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CARRION, NARO	NAME	
STREET ADDRESS	1230 S.W. 46 AVE.	STREET ADDRESS	4400 N.W. 19 AVE, SUITE B
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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

SIGNATURE: Naro Carrion