

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005268

1. Entity Name

DREAM BUILDERS NETWORK INTERNATIONAL, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90011 047 ***550.00

Principal Place of Business

7512 DR. PHILLIPS BLVD., STE. 50-360
 ORLANDO FL 32819

Mailing Address

7512 DR. PHILLIPS BLVD., STE. 50-360
 ORLANDO FL 32819

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PMB 360
 7512 DR. PHILLIPS BLVD.

Suite, Apt. #, etc.

STE. 50

City & State

ORLANDO, FL

Zip

32819-5100

Country

ORANGE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

AU010404



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

TITLE: PRESIDENT
 NAME: MARK J. CHIRONNA
 STREET ADDRESS: 8707 SCENIC OAK CT.
 CITY-ST-ZIP: ORLANDO, FL 32836 ☐ Delete

TITLE: SECRETARY
 NAME: RUTH CHIRONNA
 STREET ADDRESS: 8707 SCENIC OAK CT.
 CITY-ST-ZIP: ORLANDO, FL 32836 ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

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 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

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

MARK J. CHIRONNA

9/11/00

407.342.2185

CR2E034 (5/00)