

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034003

1. Entity Name

DREAM HOMES REAL ESTATE COMPANY

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90072 050 ***150.00

Principal Place of Business

Mailing Address

11645 BISCAYNE BLVD. SUITE 305D
NORTH MIAMI FL 33181

11645 BISCAYNE BLVD. SUITE 305D
NORTH MIAMI FL 33181-3139

2. Principal Place of Business

3485 W. Flagler St.

Suite, Apt. #, etc.

Ste. 500

City & State

Miami, FL

Zip

33135

Country

Miami-Dade

3. Mailing Address

3485 W. Flagler St.

Suite, Apt. #, etc.

Ste. 500

City & State

Miami, FL

Zip

33135

Country

Miami-Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number 0913226

65-0000000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMON, LORETTA
11645 BISCAYNE BLVD, SUITE 305D
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

LORETTA Simon

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

3485 W. Flagler St.

Ste. 500

City

Miami

FL

Zip Code

33135

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

Loretta Simon, Loretta Simon, President

3/16/00

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, 2000 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

TITLE PSTD
NAME SIMON, LORETTA
STREET ADDRESS 11645 BISCAYNE BLVD, SUITE 305D
CITY-ST-ZIP NORTH MIAMI FL 33181

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME Loretta Simon
STREET ADDRESS 3485 W. Flagler St., Ste. 500
CITY-ST-ZIP Miami, FL 33135

☒ Change ☐ Addition

TITLE VPID
NAME Yvette Macias
STREET ADDRESS 3485 W. Flagler St., Ste. 500
CITY-ST-ZIP Miami, FL 33135

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

Loretta Simon SIGNED LORETTA Simon

3/16/00

Date

305-643-9454

Daytime Phone #

CR2E034 (9/99)