

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90043 048 \*\*\*150.00

020116

**DOCUMENT # P99000043405**

1. Entity Name

**SWEET DREAMS ENTERPRISES, INC.**

Principal Place of Business

15867 SW 71ST STREET  
MIAMI FL 33193

Mailing Address

16300 N.E. 19 AVENUE  
SUITE 100  
NORTH MIAMI FL 33162

2. Principal Place of Business

15867 S.W. 71ST.

3. Mailing Address

15867 S.W. 71ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

MIAMI, FL. 33193

City &amp; State

MIAMI FL.

4. FEI Number

65-0918906

Applied For

Not Applicable

Zip

33193

Country

DADE

Zip

33193

Country

DADE

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

6. Name and Address of Current Registered Agent

SILVA, FERNANDO  
16300 N.E. 19 AVENUE  
SUITE 100  
NORTH MIAMI FL 33162

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

TITLE PD  
NAME GUERRA, ELISEO  
STREET ADDRESS 100 S.W. 83 WAY #204  
CITY-ST-ZIP PEMBROKE PINES FL 33025 ☐ DeleteTITLE VPD  
NAME REY, BLANCA  
STREET ADDRESS 900 WEST AVENUE #833  
CITY-ST-ZIP MIAMI BEACH FL 33010 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME Eliseo GUERRA  
STREET ADDRESS 15867 S.W. 71ST.  
CITY-ST-ZIP MIAMI, FL. 33193 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)