

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-27-2002 90496 045 ***150.00

DOCUMENT # P99000044312

1. Entity Name
DREAMCATCHER EDITORIAL AND CREATIVE ENDEAVORS CO
RP.

Principal Place of Business

1619 LENOX AVE. #8
MIAMI BEACH FL 33139

Mailing Address

1619 LENOX AVE. #8
MIAMI BEACH FL 33139



2. Principal Place of Business

2123 Renaissance Blvd.

Suite, Apt. #, etc.

202

MIRAMAR, FL

Zip
33025

Country

U.S.A.

3. Mailing Address

2123 Renaissance Blvd.

Suite, Apt. #, etc.

202

MIRAMAR, FL

Zip
33025

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0932807**

☒ **Applied For**
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

REXACH, AUGUSTIN
1619 LENOX AVE. #8
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **AGUSTIN REXACH**

Street Address (P.O. Box Number is Not Acceptable)
2123 Renaissance Blvd.

202

City **MIRAMAR**

FL

Zip Code
33025

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 **AGUSTIN REXACH**

5/1/02
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	REXACH, AGUSTIN	
STREET ADDRESS	1619 LENOX AVE. #8	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN:

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2123 RENAISSANCE BLVD #202
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **AGUSTIN REXACH** **5/1/02** **(305) 798-6991**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)