

2000 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # P99000059485

1. Entity Name

DREAMS INTERNATIONAL CORP.

FILED

00 MAY 25 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1570 W 43rd Place
Suite 37
Hialeah FL 33012

Mailing Address

1570 W 43rd Place
Suite 37
Hialeah FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

65-0974781

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA PA
343 ALMERIA AVE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
JIMENEZ ALVARO B
Street Address (P.O. Box Number is Not Acceptable)
1570 W 43rd Place
Suite 37
City
Hialeah FL Zip Code
33012

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

ALVARO B JIMENEZ

04/30/2000
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	D/P/S/T	<input type="checkbox"/> Delete
NAME	JIMENEZ ALVARO B	
STREET ADDRESS	1570 W 43rd Place #37	
CITY-STATE-ZIP	Hialeah FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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***150.00 ***150.00

ILLS

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:

ALVARO B JIMENEZ - PRESIDENT

04/30/2000 (305)827-3433

20/2

DREAMS INTERNATIONAL CORP.

1570 WEST 43RD PLACE, SUITE 37

HIALEAH, FLORIDA 33012

May 22, 2000

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: 2000 Annual Report
P99000059485

Att: Kristen Eckel
Document Specialist

Dear Ms Eckel:

We are hereby asking you to please file our annual report/uniform business report and abate the \$400.00 late filing fee since we never received from you the copy of our annual report to be mailed in and as first time filers we were unaware that the corporation, regardless as to when it was incorporated, needed to file an annual report prior to May 1st or each year in order to keep being active.

Your cooperation and assistance is appreciated.

Thank you.

Sincerely,


Alvaro B Jimenez
President