

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

07-10-2001 90008 016 ***150.00

DOCUMENT # P99000075217			
1. Entity Name DREAM WATERS INC.			
Principal Place of Business 1250 NE 87TH STREET (THIS IS A TEMPORARY ADDRESS UNTIL SEPTEMBER) MIAMI, FLA. 33138		Mailing Address	
2. Principal Place of Business BOYNTON BEACH FLA.		3. Mailing Address 1250 NE 87TH ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI FLORIDA	
Zip	Country USA	Zip 33138	Country DADE(USA)
4. FEI Number 651042021		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ERVIN D. CHERRY 1250 NE 87TH STREET MIAMI FLA. 33138		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 _____ (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) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$350.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE PRESIDENT & CEO	NAME ERVIN D. CHERRY	<input type="checkbox"/> Delete	
STREET ADDRESS 1250 NE 87TH ST.	CITY- ST- ZIP MIAMI FLORIDA 33138		
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TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	CITY- ST- ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	CITY- ST- ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	CITY- ST- ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	CITY- ST- ZIP		
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY- ST- ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY- ST- ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY- ST- ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: ERVIN D. CHERRY		Date: 7/1/01 Daytime Phone #: 561-350-6465	

CR2E034 (11/00)