

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90009 010 ****61.25

DOCUMENT # N25213

1. Entity Name
VILLAGE OF DORAL PINES ASSOCIATION, INC.

Principal Place of Business 14275 SW 142 AVE MIAMI FL 33186 US	Mailing Address 14275 SW 142 AVE MIAMI FL 33186-6715 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0125925		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 BEDZOW, KORN & KAN 20803 BISCAYNE BLVD. STE 200 ADVENTURA FL 33180		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 _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input checked="" type="checkbox"/> Delete	JONES, DAVID 5763 NW 97TH CT. MIAMI FL	TITLE PRESIDENT / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VICTORIA WILSON
TITLE DS <input type="checkbox"/> Delete	BAGG, GUY 9751 NW 57TH TERRACE MIAMI FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVP <input type="checkbox"/> Delete	GONZALEZ, GEORGE 5770 NW 99TH PLACE MIAMI FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD <input type="checkbox"/> Delete	GONZALEZ, FLORENTINE 5759 N.W. 97TH PLACE MIAMI FL	TITLE (TREASURER) DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input checked="" type="checkbox"/> Delete	BEAUCHAMP, GERARDO 9744 NW 57TH TERR MIAMI FL 33178	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> Delete	RIVERA RIVERA, XAVIER 5770 NW 98TH COURT MIAMI FL 33178	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *2-29-00*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)