

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31150

1. Entity Name

DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 10.

Principal Place of Business

12079 SW 131 AVENUE  
MIAMI FL 33186

Mailing Address

12079 SW 131 AVENUE  
MIAMI FL 33186-6475

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0135863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EISINGER, DENNIS, ESQ.  
4000 HOLLYWOOD BLVD  
SUITE 265 S  
HOLLYWOOD FL 33021

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MAURA, ROY  
STREET ADDRESS 4660 NW 102 AVE #102  
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ Delete  
NAME MALDONADO, ADNERY  
STREET ADDRESS 4660 NW 102 AVE APT 104  
CITY-ST-ZIP MIAMI FL 33178

TITLE TD ☐ Delete  
NAME AUGUSTO DE AVILA  
STREET ADDRESS 4660 NW 102 AVE #201  
CITY-ST-ZIP MIAMI FL

TITLE DS ☐ Delete  
NAME DE AVILA, AUGUSTO  
STREET ADDRESS 4660 NW 102 AVE #201  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 11, 2000 8:00 am  
Secretary of State

04-11-2000 90038 008 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)