

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001541

1. Entity Name

DORMUS GROUP HOME, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90037 041 ****61.25

Principal Place of Business

14620 NW 12 AVE
 MIAMI FL 33168

Mailing Address

14620 NW 12 AVE
 MIAMI FL 33168-6928

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

DADE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0867264

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DORMUS, SUZE
 14620 NW 12 AVE
 MIAMI FL 33168

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

None

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 **DORMUS, SUZE**
 STREET ADDRESS **14620 NW 12 AVE**
 CITY-ST-ZIP **MIAMI FL 33168**

TITLE **VD** ☐ Delete
 NAME **DORMUS, LESLEY**
 STREET ADDRESS **14620 NW 12 AVE**
 CITY-ST-ZIP **MIAMI FL 33168**

TITLE **SD** ☐ Delete
 NAME **DORMUS, NANCY**
 STREET ADDRESS **14620 NW 12 AVE**
 CITY-ST-ZIP **MIAMI FL 33168**

TITLE **TD** ☐ Delete
 NAME **DORMUS, ANDRE**
 STREET ADDRESS **14620 NW 12 AVE**
 CITY-ST-ZIP **MIAMI FL 33168**

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

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suze Dormus

5/31/00 (305) 756-7530

Date

Daytime Phone #

CR2E037 (9/99)