

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90874 027 ***150.00

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DOCUMENT # P01000042365

1. Entity Name
DOMEL, INC.

Principal Place of Business
75 CORAL SEA WAY #12
SATELLITE BEACH FL 32937

Mailing Address
75 CORAL SEA WAY #12
SATELLITE BEACH FL 32937



2. Principal Place of Business
415 E. NEW HAVEN AVE

3. Mailing Address
415 E. NEW HAVEN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Melbourne Fl

City & State
Melbourne, FL

4. FEI Number **59-3714862**

Applied For
 Not Applicable

Zip **32901** Country **USA**

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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALACIOS, FERNANDO M ESQ
525 EAST STRAWBRIDGE AVE
MELBOURNE FL 32901

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D**
 STREET ADDRESS **CAMARRA, DOMENICO**
 CITY-ST-ZIP **75 CORAL SEA WAY #12**
SATELLITE BEACH FL 32937

TITLE Change Addition
 NAME **CAMARRA DOMENICO**
 STREET ADDRESS **415 E. NEW HAVEN AVE**
 CITY-ST-ZIP **MELBOURNE FL**
32901

TITLE Delete
 NAME **D**
 STREET ADDRESS **MILES, MELODY**
 CITY-ST-ZIP **75 CORAL SEA WAY #12**
SATELLITE BEACH FL 32937

TITLE Change Addition
 NAME **MILES MELODY**
 STREET ADDRESS **415 E. NEW HAVEN AVE**
 CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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 CITY-ST-ZIP

Change Addition
 NAME
 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: **DOMENICO CAMARRA** **APRIL 10, 02** **321(725-1355)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)