

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90036 015 ***150.00

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DOCUMENT # P93000038001

1. Entity Name
FIRST DORAL CORPORATION

Principal Place of Business 1401 BRICKELL AVE SUITE 850 MIAMI FL 33131 US	Mailing Address 1401 BRICKELL AVE SUITE 850 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0423324	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

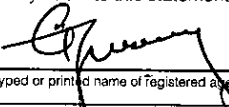
6. Name and Address of Current Registered Agent

**KAPLAN, ERIC J.
 9200 S. DADELAND BLVD.
 SUITE 919
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name ANDROMAJI TZANETATOS
Street Address (P.O. Box Number is Not Acceptable) 1401 BRICKELL AVE. SUITE 850
City MIAMI FL Zip Code 33131

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 NAME STREET ADDRESS CITY-ST-ZIP	D ESTRIPEAUT, RAUL 1401 BRICKELL AVE SUITE 850 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANDROMAJI TZANETATOS 1401 BRICKELL AVE. STE 850 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLER, ARTURO 1401 BRICKELL AVE SUITE 850 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ELIDA DE COHEN 1401 BRICKELL AVE. STE. 850 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, ERIC J 9200 S DADELAND BLVD STE 919 MIAMI FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARCELA DE LOMBARDO 1401 BRICKELL AVE., STE 850 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 15, 2002 (305) 3744474

Date Daytime Phone #

CR2E034 (9/01)