

2001 UNIFORM BUSINESS REPORT (UBR)

2/28

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-28-2001 90047 044 ****61.25

DOCUMENT # N96000001178

1. Entity Name

DORAL LANDINGS TOWNHOMES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

LAND CAP PROP. SERV.
13800 SW 144 AVE. RD.
MIAMI FL 33186

13800 SW 144 AVE. RD.
MIAMI FL 33186

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

59-3367201

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

LAND CAP PROPERTY SERVICES
STEPHEN SWITS
13800 SW 144 AVE. RD.
MIAMI FL 33186

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	<input checked="" type="checkbox"/> Delete
NAME	REBUK, JOSEPH	
STREET ADDRESS	760 NW 107TH AVENUE STE 201	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	IRIZARRY, RUSSELL	
STREET ADDRESS	760 NW 107TH AVENUE STE 201	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CRUZ, DEANNA	
STREET ADDRESS	760 NW 107TH AVENUE STE 201	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maritza Malacrino	
STREET ADDRESS	5134 NW 115 Court	
CITY-ST-ZIP	Miami, FL 33172	
TITLE	Vice President "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margery Jakobsen	
STREET ADDRESS	5083 NW 114 PL	
CITY-ST-ZIP	Miami, FL 33172	
TITLE	S/T "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Demarest	
STREET ADDRESS	11491 NW 51 Terrace	
CITY-ST-ZIP	Miami, FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E037 (10/00)