

02 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000003026

1. Entity Name

DORAL ISLES RESIDENTS ASSOCIATION, INC.

FILED

02 OCT 25 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2701 PONCE DE LEON BLVD. MEZANINE LEVEL
CORAL GABLES FL 33178

Mailing Address

2701 PONCE DE LEON BLVD. MEZANINE LEVEL
CORAL GABLES FL 33178

2. Principal Place of Business

8300 N.W. 53rd Street

3. Mailing Address

8300 N.W. 53rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#300

#300

City & State

Miami, Florida

City & State

Miami, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-1108595

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERMUDEZ, JUAN CARLOS
2701 PONCE DE LEON BLVD, MEZANINE LEVEL
CORAL GABLES FL 33178

7. Name and Address of New Registered Agent

Name

JUAN CARLOS BERMUDEZ

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

8300 N.W. 53rd St.

#300

City

Miami

FL

Zip Code
33166

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 JUAN CARLOS BERMUDEZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/9/02

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD MCINTOSH, BARBARA 11010 NW 58 TERRACE MIAMI FL 33178	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GUBIEDA, GINA 10941 NW 59 ST MIAMI FL 33178	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMUDEZ, JUAN CARLOS 2701 PONCE DE LEON BLVD, MEZANINE LEVEL CORAL GABLES FL 33178	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Robert VAN NAME 11381 NW 64 Terr. Miami, FL 33178	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Debbie Esrael 6711 NW 111 Ave. Miami, FL 33178	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BERMUDEZ, JUAN CARLOS 8350 N.W. 53rd St - #300 Miami, FL 33178	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANDRA Ruiz 6812 NW 113 COURT Miami, FL 33178	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400008598724 10/25/02-01100-003 ***61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: JUAN CARLOS BERMUDEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/02

Date

305-639-2400

Daytime Phone #