

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 286086

1. Entity Name

DORISSA OF MIAMI, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90079 025 ***150.00

00033650



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2751 N MIAMI AVE
FL 33127

2751 N MIAMI AVE
MIAMI FLA 33127-4439

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 59-1059731

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SELEVAN, DOREE
2751 N MIAMI AVE
MIAMI FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

TITLE	ST	<input type="checkbox"/> Delete
NAME	SCHWALBE, MURIEL	
STREET ADDRESS	3640 YACHT CLUB DR.	
CITY-ST-ZIP	AVENTURA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SELEVAN, DOREE	
STREET ADDRESS	2 GROVE ISLE DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	EPSTEIN, GIL	
STREET ADDRESS	1030 SW 91ST AVENUE	
CITY-ST-ZIP	PLANATATION FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	EPSTEIN, RICHARD	
STREET ADDRESS	5804 SW 131ST ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BLOOM, SEYMOUR	
STREET ADDRESS	2 GROVE ISLE DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

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.

CR2E034 (9/99)