

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90159 011 ***150.00

DOCUMENT # 479843

1. Entity Name
DORPHIL, INC.



Principal Place of Business
**320 N.W. 171ST STREET
NORTH MIAMI BEACH FL 33169
US**

Mailing Address
**320 N.W. 171ST STREET
NORTH MIAMI BEACH FL 33169
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1620951**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MIRANDA, JOSE A II
320 NW 171 ST
NO. MIAMI BEACH FL 33169**

Name **EPSTEIN, ABBY**
Street Address (P.O. Box Number is Not Acceptable)
320 N.W. 171 ST
City **North Miami Beach** FL Zip Code **33169**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X Abby Epstein**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

X 2/11/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input checked="" type="checkbox"/> Delete
NAME	MIRANDA, JOSE A II
STREET ADDRESS	320 NW 171 ST
CITY-ST-ZIP	NORTH MIAMI BCH FL 33169
TITLE	V <input type="checkbox"/> Delete
NAME	KAPLAN, ELAINE
STREET ADDRESS	320 N.W. 171ST STREET
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33169
TITLE	V <input type="checkbox"/> Delete
NAME	EPSTEIN, ARBY
STREET ADDRESS	320 NW 171 ST
CITY-ST-ZIP	N MIAMI BCH FL 33169
TITLE	S <input type="checkbox"/> Delete
NAME	EPSTEIN, KARI
STREET ADDRESS	320 NW 171 ST
CITY-ST-ZIP	N MIAMI BEACH FL 33169
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"/> 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPSTEIN, ABBY
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, KERI
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 607, 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: **X Abby Epstein**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/11/03 **X 305-652-0016**
Date Daytime Phone #

CR2E034 (10/02)