

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 696382

1. Entity Name  
CELTIC DOMINION, INC.

Principal Place of Business  
FRESNO, ALFREDO  
DORAL HOUSE #507, 9755 N.W. 52ND STREET  
MIAMI FL 33178  
US

Mailing Address  
FRESNO, ALFREDO  
DORAL HOUSE#507, 9755 N.W. 52ND STREET  
MIAMI FL 33178  
US

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 63-0835080

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

FRESNO, ALFREDO  
DORAL HOUSE#507, 9755 N.W. 52ND STREET  
100 CHOPIN PLAZA 17TH  
MIAMI FL 33178

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 reinstalling)

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, 2001 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  
PD  
FRESNO, ALFREDO  
100 CHOPIN PLAZA 17TH  
MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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SOLSONA, MIGUEL  
100 CHOPIN PLAZA 17TH  
MIAMI FL ☐ Delete

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ORTEA FANJUL, RAMON  
100 CHOPIN PLAZA 17TH  
MIAMI FL ☐ Delete

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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: *Alfredo Fresno* 4/30/01 551-8821  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90169 011 \*\*\*150.00

00065841



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)