

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737091

1. Entity Name

**DORA CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90127 017 \*\*\*\*61.25

Principal Place of Business Mailing Address  
C/O WOODS MGT. C/O WOODS MGT.  
2740 WEST 5TH AVE. 2740 WEST 5TH AVE.  
HIALEAH FL 33010 HIALEAH FL 33010-1307

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 **59-1795346** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHENK, HAROLD  
WOODS MGT. CORP. OF FLA.  
2740 W 5 AVENUE  
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name *Joaquin R. Delgado*  
Street Address (P.O. Box Number is Not Acceptable)  
*Woods Management*  
*2740 W 5 Ave*  
City *HIALEAH* FL Zip Code *33010*

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

*Joaquin R. Delgado*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*5 January 2000*  
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 type="checkbox"/> Delete
NAME	LANDEVIN, JOHN	
STREET ADDRESS	8425 HARDING AVE. #3	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CEBALLOS, GRACE	
STREET ADDRESS	8425 HARDING AVE. #9	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JUNCO, HENRY	
STREET ADDRESS	8425 HARDING AVENUE, #4	
CITY-ST-ZIP	MIAMI BCH FL 33141	
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		<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	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARL SEARLE	
STREET ADDRESS	410 BEDFORD SEARLE	
CITY-ST-ZIP	14 WASHINGTON CT. LIVINGSTON NJ 07039	
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 OF GRACE CEBALLOS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)