

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

000023

**DOCUMENT # 737091**

1. Entity Name

**DORA CONDOMINIUM ASSOCIATION, INC.**

02-01-2001 90117 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O WOODS MGT.  
 2740 WEST 5TH AVE.  
 HIALEAH FL 33010

C/O WOODS MGT.  
 2740 WEST 5TH AVE.  
 HIALEAH FL 33010

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

7. Name and Address of New Registered Agent

**DELGADO, JOAQUIN R**  
**WOODS MGMT**  
**2740 W 5 AVENUE**  
**HIALEAH FL 33010**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**LANGEVIN, JOHN**  
**8425 HARDING AVE. #3**  
**MIAMI BEACH FL** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**STD**  
**CEBALLOS, GRACE**  
**8425 HARDING AVE. #9**  
**MIAMI BEACH FL** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD**  
**SEARLE, PEARL**  
**14 WASHINGTON CT**  
**LIVINGSTON NJ 07039** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD**  
**Isney Giraldo**  
**8425 HARDING AVE #4**  
**MIAMI BEACH FL 33141** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/8/01**

Daytime Phone **(305) 868965**

CR2E037 (10/00)