

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002866**

1. Entity Name

**DORAL COMMERCE PARK, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business

8725 NW 18TH TERRACE, SUITE 206  
MIAMI FL 33172

Mailing Address

8725 NW 18TH TERRACE, SUITE 206  
MIAMI FL 33172-2697



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE 204**

Suite, Apt. #, etc.  
**SUITE 204**

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

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

CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BOULEVARD, SUITE 206  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **PAUL DOUGLAS**  
Street Address (P.O. Box Number is Not Acceptable) **8725 NW 18<sup>TH</sup> TERRACE, SUITE 204**  
City **MIAMI** FL Zip Code **33172**

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 **Paul Douglas**

*Paul Douglas*

**4-28-00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

**\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**\$1,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000107021**  
NAME **DC DEVELOPEMNT, INC.**  
STREET ADDRESS **8725 NW 18TH TERRACE, SUITE 206**  
CITY - ST - ZIP **MIAMI FL 33172**

STREET ADDRESS **8725 NW 18<sup>TH</sup> TERRACE, SUITE 204**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Paul Douglas* **Paul Douglas** General Partner **4-28-00** **305-594-7730**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR21 003 (1/01)