

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002886**

1. Entity Name

DORAL GRAND, LTD.

FILED

00 JAN 24 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**8500 SW 8TH ST., SUITE 228
MIAMI FL 33144**

Mailing Address

**8500 SW 8TH ST., SUITE 228
MIAMI FL 33144-4002**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0891268**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACHADO, JOSE LUIS ESQ.
8500 SW 8TH ST., SUITE 238
MIAMI FL 33144**

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

9. Capital Contributions
as Shown on record.

\$490,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **P98000105989**
NAME **GRAND PALM PROPERTIES, INC.**
STREET ADDRESS **8500 SW 8TH ST., SUITE 228**
CITY - ST - ZIP **MIAMI FL 33144**

STREET ADDRESS
CITY - ST - ZIP

800003113818--5
01/27/00 01119-022
******526.25 ****526.25**

DOCUMENT # **P98000075293**
NAME **DORAL LAKES, INC.**
STREET ADDRESS **2828 SW 112TH AVENUE**
CITY - ST - ZIP **MIAMI FL 33165**

STREET ADDRESS
CITY - ST - ZIP

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

SIGNATURE: [Signature] N. Garcia 1-18-00 305-266-7555