

# 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



DO NOT WRITE IN THIS SPACE

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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~~

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

STREET ADDRESS  
CITY - ST - ZIP **\*\*\*526.25 \*\*\*526.25**

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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]* **N. Garcia** 1-18-00 305-266-7555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #