2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F9900000783 **DOCUMENT #**

1. Entity Name MT. DORA MANAGEMENT CORP.



FILED May 06, 2003 8:00 am § Secretary of State

05-06-2003 90049 031 ***150.00

ì	С	ď	3
1	-	٠	•
,			
	1	7	P
	J	7	,

Principal Place of Business 200 ROUTE 35. STE A SEA GRIT NJ 08790)					•						
Suite, Apt. I. etc. Suite,	2100 ROUTE 3	35. STE A		2100 RC	DUTE 35. STE A)	ii 80 00 10 00 10 0		18.88 (M) 1884
Silte. Apt. 4, etc. Suite. Apt. 4, etc.	2 Oringinal D	Nego of Rusing		1 d Mailin	a Addraga			_				
Subs. Apl. F. etc. Subs. Apl. F. etc. Subs. Apl. F. etc. Subs. Apl. Etc. Subs. Subs. Subs. Apl. Etc. Subs.	1					enci	atac					
City & State City & State City & State Country To O7932 TO O7	Suite, Apt.	#, etc.				<u> </u>	aces	┪	C ONEON HERE	IE MAKING A	CHANGES	
Tip Country 2/D Country 2/D Country 3/D Country 5/D Co				30	Columbia	a_Tu	Turnpike_		_	IF MAKING	JHANGES	
Country Country City Country City Cy Cy Cy Cy Cy Cy Cy	City & Stat	te		, :		m Park. NJ		4.	FEI Number 22-3640578		<u> </u>	`
So. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE R. 32301-2525 6. The above normod writing submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept me or obligations of registered agent. SIGNATURE FL. 2p Code 6. The above normod writing submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept me or obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept me or obligations of registered agent. SIGNATURE FLE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TAWIL, SAUL R. TAWIL, SAUL R. TAWIL, SAUL R. TAWIL, SAUL R. TAWIL SAUL R. TA	Zip				Cour	try	5	Certificate of Status Desired		8.75 Add	ditional	
Name Name Street Address (P.O. Box Number is Not Acceptable)	,					US	A					d
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Total Physics of Foreign and entity submits this statement for the outpose of changing its registered agent, or both, in the State of Florida. I can familiar with, and accept the obligations of registered agent. Signature FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS TITLE NAME TAWIL SAUL R OFFICERS AND DIRECTORS TITLE NAME TOTAL DIRECTORS TITLE NAME TORNIT OR OUT 35, STE A STREET ADDRESS CITY-51-7P TITLE NAME STREET ADDRESS CITY-51-7P TITLE		6. Name a	and Address of Current	Registered	Agent		Name	7. [Name and Address of New R	egistered Ac	ent	
1201 HAYS STREET TALLAHASSEE FI, 32301-2525 City FL Zip Code	CORPORA	ATION SERVI	CE COMPANY				Ivanie		•			
TALLAHASSEE FL 32301-2525 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and lits if exposable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME TAWIL, SAUL R TOR ROUTE 39, STE A STRETA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VIDENAME TORROUTE 39, STE A STRETA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VIDENAME TORROUTE 39, STE A STRETA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VIDENAME TORROUTE 39, STE A STRETA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VIDENAME TORROUTE 39, STE A STRETA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VIDENAME TORROUTE 39, STE A STRETA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VIDENAME STRETA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VIDENAME STRETA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VIDENAME STRETA ADDITIONS/CHANGES CITY-ST-2P TITLE NAME STRETA ADDITIONS/CHANGES CITY-ST-2P TORROUTE 30, STREA STRETA ADDITIONS/CHANGES CITY-ST-2P Change Addition NAME STRETA ADDITIONS/CHANGES CITY-ST-2P TORROUTE 30, STREA S			OL COM AIT				Street Address (P.O. Box Number is Not Acceptable)					
B. 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. I am familiar with, and accept the obligations of registered agent with its expression. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TAWIL, SAUL R STRET ADDRESS CITY-S1-2P TITLE VO MASSRY, DANIEL R STRET ADDRESS CITY-S1-2P STRET ADDRESS CITY-S1-2P TITLE NAME STRET ADDRESS CITY-S1-2P TITLE NAME STRET ADDRESS CITY-S1-2P TITLE NAME STRET ADDRESS CITY-S1-2P Delete TITLE NAME STRET ADDRESS CITY-S1-2P	i		01-2525									
## The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ### Signature (PATE Registered Agent agrature required agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. #### Signature typed or printed memory of registered agent and title if applicable. #### FILE NOW!!! FEE IS \$150.00 ### After May 1, 2003 Fee will be \$550.00 ### Make Check Payable to Florida Department of State ### 1, 2003 Fee will be \$550.00 ### Make Check Payable to Florida Department of State ### 10. OFFICERS AND DIRECTORS ### 10. OFFICERS AND DIRECTORS ### 10. OFFICERS AND DIRECTORS ### 10. NAME ### 10. NAME ### 2100 ROUTE 35, STE A ### 2100							ļ			 -	T=: = :	
SIGNATURE Signature Till	***						City		•	FL	Zip Cod	e
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS												
After May 1, 2003 Fee will be \$550.00 May Be Added to Fees Make Check Payable to Florida Department of State 10.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE	Afte	r May 1, 2003	3 Fee will be \$550.00	f State								
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>			1 11		- 10	DITIONS/CHANGES TO DEE	ICERS AND I	NIBECTOR:	S IN 11
NAME 2100 ROUTE 35, STE A SEA GIRT NJ TUE NAME SIREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP		PCD 3		DIRECTOR		_	<u> </u>	^	DUTIONS/CHANGES TO OFF			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					_1 bulete		- 1				Onlings	_ radition
TITLE NAME STREET ADDRESS CITY-ST-ZIP							-					
MASSRY, DANIEL R STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					□ Doloto						Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	ANIEL R		□ Delete	- 1	- 1				Onlings	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS					STRE	ET ADDRESS					
NAME STREET ADDRESS CITY-ST-2IP TITLE TITLE NAME STREET ADDRESS CITY-ST-2IP	CITY-ST-ZIP	SEA GIRT N	NJ			CITY	-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete	TITL					Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		}					ı					}
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		 _										
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete	•					Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP												
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TiTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	J					•	J					1
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP		 			□ Delete						7 Chance	Addition
CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP]								'		
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS					STRE	ET ADDRESS					[
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP					CITY	-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete	TITLE					Change	☐ Addition
CITY-ST-ZIP CITY-ST-ZIP						NAM	E					Ì
	1											[
		L										

indicated on this report or supplied with this timing does not quality for the exemption stated in Section 119.07(3)(f), Florida statutes. Florida certify that the information indicated on this report or suppliemental 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 607, 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 AND TYPED OF PRINTED MAJE OF SIGNING OFFICER OR DIRECTOR