

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90737 031 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # G34674
1. Entity Name
JOHN DORONG, Jr. CPAPA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>8890 W. OAKLAND PK BVD.</u>	3. Mailing Address <u>8890 W OAKLAND PK BVD</u>
Suite, Apt. #, etc. <u>202</u>	Suite, Apt. #, etc. <u>202</u>
City & State <u>SUNRISE FLORIDA</u>	City & State <u>SUNRISE FL</u>
Zip <u>33351</u>	Country <u>USA</u>

80061870

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-2304460</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>DORONG, JOHN, Jr.</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>8890 W. OAKLAND PK BVD.</u>	
	City <u>SUNRISE</u> FL Zip Code <u>33351</u>	

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. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--	--

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DP</u> <u>DORONG, JOHN, Jr.</u> <u>2981 HIDDEN HOLLOW LANE</u> <u>DAVIE, FL 33328</u>	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	DO NOT WRITE IN THIS SPACE
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	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other the empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02
Date

954-327-1953
Daytime Phone

CR2E034B (12/01)