

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000012816**

1. Entity Name
OPH/DORAL REALTY, L.C.

FILED

01 AUG 13 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**500 EAST BROWARD BOULEVARD, SUITE 1950
FT. LAUDERDALE FL 33394**

Mailing Address
**500 EAST BROWARD BOULEVARD, SUITE 1950
FT. LAUDERDALE FL 33394**



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

65-1121393

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ROBERTS, DOUGLAS L~~
**500 EAST BROWARD BOULEVARD, SUITE 1950
FT. LAUDERDALE FL 33394**

Name **MICHAEL HAMAWAY**

Street Address (P.O. Box Number is Not Acceptable)
Same

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

Michael Hamaway

07/20/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
KAMELHAIR, STEVEN R
400 NORTHWEST 74TH AVENUE
PLANTATION FL 33317**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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-08/16/01--01003--012
*******50.00 *****50.00**

TITLE
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CITY-ST-ZIP

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Change Addition

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Delete

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CITY-ST-ZIP

Change Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Steven R. Kamelhair

Steven R. Kamelhair
MANAGER

818701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)