

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

0004798

**DOCUMENT # L01000001479**

1. Entity Name

**DORY USA LLC**

03-25-2002 90019 004 \*\*\*\*50.00

Principal Place of Business

**5110 HARRISON STREET  
HOLLYWOOD FL 33021**

Mailing Address

**5110 HARRISON STREET  
HOLLYWOOD FL 33021**

**80048147**



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

**FEI 59-3752-343**

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

**DARBOUZE, CARLO P  
5110 HARRISON STREET  
HOLLYWOOD FL 33021**

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **V. President** ☐ Delete  
NAME **CARLO DARBOUZE**  
STREET ADDRESS **5110 HARRISON STREET**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021** **MRM**

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **MR. LEVEQUE VALBRUM**  
STREET ADDRESS **5110 HARRISON STREET, HOLLYWOOD**  
CITY-ST-ZIP **FL 33021**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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: CARLO DARBOUZE** **03/03/02** **295-9311**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)