

2002 UNIFORM BUSINESS REPORT (UBR)

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

09-09-2002 90005 037 ****50.00

DOCUMENT # L01000013775

1. Entity Name
DORIAL MANAGEMENT, LLC

Principal Place of Business

**100 S.E. 2ND STREET, 17TH FLOOR
 MIAMI FL 33131**

Mailing Address

**100 S.E. 2ND STREET, 17TH FLOOR
 MIAMI FL 33131**

2. Principal Place of Business

122 W DILIDO DR

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI BEACH

Zip

33139

Country

FL

Zip

Country

4. FEI Number

65-1130771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LICKSTEIN, FRED K ESQ.
 100 S.E. 2ND STREET, 17TH FLOOR
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **LUCA GIUSSANI**

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

122 W DILIDO DR

City **MIAMI BEACH**

FL

Zip Code

33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered agent signature required when reinstating)

DATE

9/4/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **PRESIDENT** ☐ Delete
 NAME **LUCA GIUSSANI**
 STREET ADDRESS **122 W DILIDO DR**
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED

9/4/02

(305) 447-8555

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

Date

Daytime Phone #

CR2E083 (4/02)