

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017808

1. Entity Name

MIAMI DORAL REALTY L.L.C.

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90035 013 *****55.00

0004375

Principal Place of Business

6325 MIAMI LAKEWAY SOUTH
 MIAMI LAKES FL 33014

Mailing Address

6345 MIAMI LAKEWAY SOUTH
 MIAMI LAKES FL 33014

933288



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10783 NW 41 Street
 Suite, Apt. #, etc.

3. Mailing Address

6345 Miami Lakeway, S.
 Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami Lakes, FL

4. FEI Number

03-0388338

Applied For

Not Applicable

Zip

33178

Country

US

Zip

33014

Country

US

5. Certificate of Status Desired

☒

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, MANUEL A
 6345 MIAMI LAKEWAY SOUTH
 MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

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

6345 Miami Lakeway, South

City

Miami Lakes

FL

Zip Code

33014

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 GONZALEZ, MANUEL A
 6325 MIAMI LAKEWAY SOUTH
 MIAMI LAKES FL 33014 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 RODRIGUEZ, GLADYS
 13380 NW 67TH STREET
 MIAMI FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 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:

Manuel A. Gonzalez

MANUEL A. GONZALEZ 03-07-02

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

Date

Daytime Phone 305 491 724

CR2E083 (9/01)