

2001 UNIFORM BUSINESS REPORT (UBR)

0030699 AB

DOCUMENT # M00000002419

1. Entity Name

DORAL USA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -5 PM 3:57

Principal Place of Business

1017 WEST GLEN OAKS LANE. STE. 100
MEQUON WI 53092

Mailing Address

1017 WEST GLEN OAKS LANE. STE. 100
MEQUON WI 53092



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1017 W. Glen Oaks Lane

Suite, Apt. #, etc.

100

City & State

Mequon, WI

Zip

53092

Country

Ozaukee

3. Mailing Address

1017 W. Glen Oaks Lane

Suite, Apt. #, etc.

100

City & State

Mequon, WI

Zip

53092

Country

Ozaukee

4. FEI Number

39-1910147

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

400003888704--4
-03/20/01--01087--022
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE: PRESIDENT
NAME: CRAIG R. KASTEN
STREET ADDRESS: 1017 W. Glen Oaks Lane
CITY-ST-ZIP: Mequon, WI 53092

☐ Delete

TITLE: MEMBER
NAME: GREGORY J. BORCA
STREET ADDRESS: 1017 W. Glen Oaks Lane
CITY-ST-ZIP: Mequon, WI 53092

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TITLE: SECRETARY
NAME: WENDY K. CARRERROS
STREET ADDRESS: 1017 W. Glen Oaks Lane
CITY-ST-ZIP: Mequon, WI 53092

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TITLE:
NAME:
STREET ADDRESS:
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10. ADDITIONS/CHANGES

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

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:
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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:

Wendy K. Carreros

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

2-8-01 262.24-7460

Date

Daytime Phone #

X123

CR2E083 (11/00)