

2002 UNIFORM BUSINESS REPORT (UBR)

0016191

DOCUMENT # M00000002419

1. Entity Name
DORAL USA, LLC

FILED

02 OCT 22 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business
10201 N. Port Washington Rd

3. Mailing Address
10201 N. Port Washington Rd

Suite, Apt. #, etc.

City & State
Mequon, WI

City & State
Mequon, WI

Zip
53092

Country
USA

Zip
53092

Country
USA

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)
000008520120

10/22/02--01110--001 **150.00

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. 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 filing.)

REINSTATEMENT 2002

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KASTEN, CRAIG R 1017 W. GLEN OAKS LANE MEQUON WI 53092	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARERRES, WENDY K 1017 W. GLEN OAKS LANE MEQUON WI 53092	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kasten, Craig R 1017 W. Glen Oaks Ln #206 Mequon, WI 53092	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kasten, Wendy K 1017 W. Glen Oaks Ln, #206 Mequon, WI 53092	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gregory Borca 1017 W. Glen Oaks Ln #206 Mequon, WI 53092	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Lisa Sweeney 12121 N. Corporate Pkwy Mequon, WI 53092	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Craig R. Kasten** **10/13/02** **(612) 241-2830**

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

Date Daytime Phone #

CR2E083 (4/02)