

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M39172

1. Entity Name
D'ORO DESIGNS, INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90206 032 ***150.00

Principal Place of Business

1039 KANE CONCOURSE
BAY HARBOUR FL 33154

Mailing Address

1039 KANE CONCOURSE
BAY HARBOUR FL 33154

2. Principal Place of Business

P.O. Box 630250
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 630250
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL.
Zip 33163-0250 Country DADE

City & State

MIAMI, FL.
Zip 33163-0250 Country DADE

4. FEI Number 59-2721827

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OJALVO, DORITA
400 HOLIDAY DRIVE
HALLANDALE FL 33009

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROD, CAREN	
STREET ADDRESS	540 N ISLAND	
CITY-ST-ZIP	GOLDEN BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KASSIN, ROBERTO	
STREET ADDRESS	21471 HIGHLAND LKS BLVD.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OJALVO, DORITA	
STREET ADDRESS	400 HOLIDAY DR.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KASSIN, CLARITA	
STREET ADDRESS	21471 Highland Lks Blvd	
CITY-ST-ZIP	N. Miami Beach FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KASSIN, CLARITA	
STREET ADDRESS	21471 Highland Lks Blvd	
CITY-ST-ZIP	N. Miami Beach FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Caren Brod CAREN BROD x March 10/01 (805) 9325443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)