

FILED
Aug 24, 2001 8:00 am
Secretary of State

08-13-2001 90004 046 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008402

1. Entity Name

DORAL CORNER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2500 NW 79TH AVE. STE 207
MIAMI FL 331222500 NW 79TH AVE. STE 207
MIAMI FL 33122

2. Principal Place of Business

3. Mailing Address

7215 N-W 31 Lane

P.O. BOX 522192

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Miami FL

Zip

Zip

33122

33122

Country

Country

USA

USA

4. FEI Number

Applied For

65-1021978

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Chun K. Lee

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

5941 SW 136 STREET

City

MIAMI FL

Zip Code

33156

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

CHUN K LEE

KAROLINE KWAN LEE

8/8/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	DEROSA, ANTHONY T	<input checked="" type="checkbox"/> Delete
NAME		2500 NW 79TH AVE, STE 207	
STREET ADDRESS		MIAMI FL 33122	
CITY-ST-ZIP			
TITLE	VD	CAPPELLETI, JAVIER E	<input checked="" type="checkbox"/> Delete
NAME		1775 NW 79TH AVE	
STREET ADDRESS		MIAMI FL 33126	
CITY-ST-ZIP			
TITLE	STD	LONDOS, WILLIAM R	<input checked="" type="checkbox"/> Delete
NAME		1775 NW 79TH AVE	
STREET ADDRESS		MIAMI FL 33126	
CITY-ST-ZIP			
TITLE	PD	Lee, Chun K	<input type="checkbox"/> Delete
NAME		P.O. Box 522192	
STREET ADDRESS		Miami, FL 33152	
CITY-ST-ZIP			
TITLE	STD	Lee, Karoline K	<input type="checkbox"/> Delete
NAME		P.O. Box 522192	
STREET ADDRESS		Miami, FL 33152	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	Michael Kwan	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		P.O. Box 522192	
STREET ADDRESS		Miami FL 33152	
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			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 67, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KAROLINE KWAN LEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (5/01)