

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

0043072

DOCUMENT # **N01832**

1. Entity Name

**DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 1**

04-07-2001 90015 031 \*\*\*\*61.25

Principal Place of Business <b>% GUARANTEE MANAGEMENT SERVICES, INC. 111 FOUNTAINBLEAU BLVD. MIAMI FL 33172</b>	Mailing Address <b>% GUARANTEE MANAGEMENT SERVICES, INC. 111 FOUNTAINBLEAU BLVD. MIAMI FL 33172</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2564904</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LUBITZ, ALAN H.  
1500 SAN REMO AVE., #220  
CORAL GABLES FL 33146**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	PETRALITO, JOHN	4950 NW 102ND AVE #204	MIAMI FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPD	GARCIA, MARIA D	4950 NW 102 AVE., #104	MIAMI FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	JIMENEZ, HECTOR	4950 N.W. 102ND AVE., #201	MIAMI FL 33178	<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	BANAAG, INA	4950 102 AVE., #102	MIAMI FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
T	FERREY, AURA M	4950 NW 102ND AVE	MIAMI FL 33178	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

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 617, 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: *John Petralito*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01  
 Date

Daytime Phone #