

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90147 033 ****61.25

0085514

DOCUMENT # N24399

1. Entity Name

DORAL COURT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% COMPLETE AND RELIABLE MANAGEMENT
PO BOX 83-2557
MIAMI FL 33283-2557
US

% COMPLETE AND RELIABLE MANAGEMENT
PO BOX 83-2557
MIAMI FL 33283-2557
US

00016000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0100248

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PROPERTY MANAGEMENT SERVICES, INC.
8299 CORAL WAY
MIAMI FL 33155

Name **Complete And Reliable Mgmt**
 Street Address (P.O. Box Number is Not Acceptable) **7100 S.W. 99 Ave, 204**
 City **Miami** FL Zip Code **33173**

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]

Carlos A. Ramirez, Manager 1/20/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	TD HELENA GUASTELLA	<input type="checkbox"/> Delete
STREET ADDRESS	8017 LAKE DR. #101	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE NAME	PD LYN, FATHIA	<input type="checkbox"/> Delete
STREET ADDRESS	8031 LAKE DRIVE, #205	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE NAME	D PATERSON, EVELYN	<input type="checkbox"/> Delete
STREET ADDRESS	8035 LAKE DR #101	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE NAME	VSPD MITCHELL, CLEONIS	<input type="checkbox"/> Delete
STREET ADDRESS	8033 LAKE DRIVE #201	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE NAME	D VILLATORO, OLDEMAR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8001 LAKE DR. #101	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

[Signature] **Carlos A. Ramirez**

Date

Daytime Phone #

1/20/01 305-598-4068

CR2E037 (10/00)