

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90039 030 ****61.25

0014103

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0100248

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMPLETE AND RELIABLE MNGMT.
% CARLOS A RAMIREZ
7100 SW 99 AVE. 204
MIAMI FL 33173

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 the 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 Delete
 NAME **HELENA GUASTELLA**
 STREET ADDRESS **8017 LAKE DR. #101**
 CITY-ST-ZIP **MIAMI FL 33168**

Pd. Change Addition
 NAME **Frederico Cresp**
 STREET ADDRESS **8013 Lake Dr. # 103**
 CITY-ST-ZIP **Miami, Fl. 33166**

TITLE Delete
 NAME **LYN, FATHIA**
 STREET ADDRESS **8031 LAKE DRIVE, #205**
 CITY-ST-ZIP **MIAMI FL 33166**

To Change Addition
 NAME **tony Cabrera**
 STREET ADDRESS **8019 Lake Dr. # 202**
 CITY-ST-ZIP **Miami, Fl. 33166**

TITLE Delete
 NAME **PATERSON, EVELYN**
 STREET ADDRESS **8035 LAKE DR #101**
 CITY-ST-ZIP **MIAMI FL 33166**

Sec. Change Addition
 NAME **Tanice Vega Vargas**
 STREET ADDRESS **8035 LAKE DR. #102**
 CITY-ST-ZIP **Miami, Fl. 33166**

TITLE Delete
 NAME **VSPD MITCHELL, CLEONIS**
 STREET ADDRESS **8033 LAKE DRIVE #201**
 CITY-ST-ZIP **MIAMI FL 33166**

D. Change Addition
 NAME **Carlos Molina**
 STREET ADDRESS **8011 Lake Dr. #104**
 CITY-ST-ZIP **Miami, Fl. 33166**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D. Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change 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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-02

305-592-9979

Date

Daytime Phone #

CR2E037 (9/01)