


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90089 033 \*\*\*\*61.25

**DOCUMENT # N24399**

1. Entity Name  
**DORAL COURT CONDOMINIUM ASSOCIATION, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>% COMPLETE AND RELIABLE MANAGEMENT<br/>PO BOX 83-2557<br/>MIAMI FL 33283-2557<br/>US</b> | Mailing Address<br><b>% COMPLETE AND RELIABLE MANAGEMENT<br/>PO BOX 83-2557<br/>MIAMI FL 33283-2557<br/>US</b> |
|--|--|



CHECK HERE IF MAKING CHANGES

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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**

6. Name and Address of Current Registered Agent

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

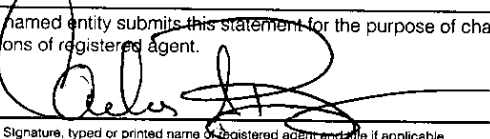
7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **3/18/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete            |
| NAME           | <b>HELENA GUASTELLA</b>      |  |
| STREET ADDRESS | <b>8017 LAKE DR. #101</b>    |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33166</b>        |  |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete            |
| NAME           | <b>LYN, FATHIA</b>           |  |
| STREET ADDRESS | <b>8031 LAKE DRIVE, #205</b> |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33166</b>        |  |
| TITLE          | <b>PD</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>CRESPO, FREDERICO</b>     |  |
| STREET ADDRESS | <b>8013 LAKE DR #103</b>     |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33166</b>        |  |
| TITLE          | <b>TD</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>CABRERA, TONY</b>         |  |
| STREET ADDRESS | <b>8019 LAKE DR #202</b>     |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33166</b>        |  |
| TITLE          | <b>S</b>                     | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>VARGAS, JANICE V</b>      |  |
| STREET ADDRESS | <b>8035 LAKE DR #102</b>     |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33166</b>        |  |
| TITLE          | <b>D</b>                     | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MOLINA, CARLOS</b>        |  |
| STREET ADDRESS | <b>8011 LAKE DR #104</b>     |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33166</b>        |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | <b>D</b>                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Edica Amoretti</b>     |  |
| STREET ADDRESS | <b>8021 Lake Dr., 202</b> |  |
| CITY-ST-ZIP    | <b>Miami, FL 33166</b>    |  |
| 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          |                           | <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 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:  **REQUIRED**

**3/18/03 305-598-4068**

CP2E037 (10/02)