

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**  
 05-11-2000 90077 013 \*\*\*\*61.25

**DOCUMENT #** N48371

**1. Entity Name**  
 Doral House Condominium Association, Inc.

**Principal Place of Business**      **Mailing Address**  
 Guarantee Management Srvce      Guarantee Management  
 111 Fontainebleau Blvd      111 Fontainebleau Blvd.  
 Miami, Florida 33172      Miami, Florida 33172  
 US      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** 65-0475431      **Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 Steven A. Fein  
 930 South State Road 7  
 Plantation, FL 33317

**7. Name and Address of New Registered Agent**  
 Name: Steven A. Fein, Esq.  
 Street Address (P.O. Box Number is Not Acceptable): 900 SW 40 Avenue  
 City: Plantation FL Zip Code: 33317

**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** *Steven A. Fein*      **DATE** 4/25/00  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**      **Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> PD Torres, Odel	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 9755 NW 52 STREET	
<b>CITY-ST-ZIP</b> MIAMI, FL 33178	
<b>TITLE</b> VPD Guerrero, Jose	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 9755 NW 52 STREET	
<b>CITY-ST-ZIP</b> MIAMI, FL 33178	
<b>TITLE</b> TD Sotomayor, Hernan	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 9755 NW 52 STREET	
<b>CITY-ST-ZIP</b> MIAMI, FL 33178	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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

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

**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:** *Odel Torres*      **DATE** 4/19/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E037 (9/99)