

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90282 025 ****61.25

DOCUMENT # N99000003576

1. Entity Name

THE DORAL ACADEMY, INC.

Principal Place of Business

Mailing Address

6255 BIRD RD
 MIAMI-DADE FL 33155

6255 BIRD RD
 MIAMI-DADE FL 33155

2. Principal Place of Business

2173 NW 99th Ave

3. Mailing Address

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

4. FEI Number

65-0944569

Applied For

Not Applicable

Zip
33172

Country
USA

Zip

Country

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

ZULUETA, IGNACIO G
6255 BIRD RD
MIAMI-DADE FL 33155

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 title 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	P	<input type="checkbox"/> Delete
NAME	ZULUETA, FERNANDO J	
STREET ADDRESS	6255 BIRD RD	
CITY-ST-ZIP	MIAMI-DADE FL 33155	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VERDEJA, OCTAVIO JR	
STREET ADDRESS	6255 BIRD RD	
CITY-ST-ZIP	MIAMI-DADE FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTEGA, JOSE	
STREET ADDRESS	6255 BIRD RD	
CITY-ST-ZIP	MIAMI-DADE FL 33155	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SECHRIST, MONICA	
STREET ADDRESS	6255 BIRD RD	
CITY-ST-ZIP	MIAMI-DADE FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILIAN, LETICIA	
STREET ADDRESS	6255 BIRD RD	
CITY-ST-ZIP	MIAMI-DADE FL 33155	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRESEN, MAGDALENE	
STREET ADDRESS	6255 BIRD RD	
CITY-ST-ZIP	MIAMI FL 33155	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LLANES, ROLANDO	
STREET ADDRESS	4055 NW 97th Avenue	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zulueta, Ignacio	
STREET ADDRESS	6255 Bird Road	
CITY-ST-ZIP	Miami, FL 33155	
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:

Magdalena Fresen Magdalena Fresen

1/29/2001 (305) 669-2906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)