

**2001 UNIFORM BUSINESS REPORT (UBR)**

**AMENDED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 DEC 10 PM 4:00

**DOCUMENT # N99000005589**

1. Entity Name  
**DORAL NORTH BUSINESS CENTER, INC.**

Principal Place of Business      Mailing Address  
 8500 S.W. 8TH ST.                      8500 S.W. 8TH ST.  
 SUITE 222                                      SUITE 222  
 MIAMI FL 33144                              MIAMI FL 33144

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip      Country                      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0966112**      Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**VALDERRAMA, CARLOS A**  
 8500 S.W. 8TH ST.  
 SUITE 222  
 MIAMI FL 33144

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.

SIGNATURE \_\_\_\_\_ DATE **7/15/01**

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

**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 STREET ADDRESS CITY-ST-ZIP	<b>D</b> VALDERRAMA, CARLOS A 8500 S.W. 8TH ST. SUITE 222 MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit <b>100004729441--7</b> <b>-12/17/01--01097--001</b> <b>***183.75 ***61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> VALDERRAMA, LEONOR I 8500 S.W. 8TH ST. SUITE 222 MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> VALDERRAMA, ERICK A 8500 SW 8TH ST. SUITE 222 MIAMI, FL 33144 <input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> VALDERRAMA, JAVIER A 8500 S.W. 8TH ST. SUITE 222 MIAMI FL 33144 <input checked="" type="checkbox"/> Delete <b>Effective 7/1/01</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Air Carlos Valderrama</b> <input type="checkbox"/> Change <input type="checkbox"/> Addit
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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.

**RESIGNATION OF  
DIRECTORS AND/OR OFFICERS  
OF**

DORAL NORTH BUSINESS CENTER, INC.

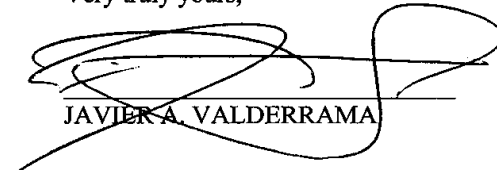
Board of Directors

Gentlemen:

Please be advised that, effective immediately, I, JAVIER A. VALDERRAMA, have resigned my position as Director and Officer of DORAL NORTH BUSINESS CENTER, INC.

DATED: August 1, 2001

Very truly yours,

  
\_\_\_\_\_  
JAVIER A. VALDERRAMA

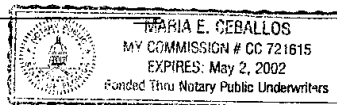
STATE OF FLORIDA)

:SS

COUNTY OF DADE )

The foregoing instrument was acknowledged before me this 1<sup>ST</sup> day of August, 2001, by Javier A. Valderrama, N/A (Title) of N/A, a Florida corporation, on behalf of said corporation.

Maria E. Ceballos  
\_\_\_\_\_  
NOTARY PUBLIC, State of Florida at Large  
NOTARY: \_\_\_\_\_  
My Commission \_\_\_\_\_



Personally Known  OR Produced Identification   
Type of Identification Produced: \_\_\_\_\_