

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90427 009 ***150.00

DOCUMENT # P00000007594

1. Entity Name

Doral Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8401 W. Sample Rd.

Suite, Apt. #, etc.

#5

City & State

Coral Springs, FL

Zip

33065

Country

3. Mailing Address

8401 W. Sample Rd.

Suite, Apt. #, etc.

#5

City & State

Coral Springs, FL

Zip

33065

Country

4. FEI Number

65-0978397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Jeffrey M. Knox

Street Address (P.O. Box Number is Not Acceptable)

8401 W. Sample Rd.

#5

City Coral Springs, FL

FL

Zip Code
33065

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees.

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P T
Debra A. Knox
8401 W. Sample Rd. #5
Coral Springs, FL 33065

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP S
Jeffrey M. Knox
8401 W. Sample Rd. #5
Coral Springs, FL 33065

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02

954-426-0002

CR2E034B (12/01)