

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2003 8:00 am**  
**Secretary of State**

07-30-2003 90069 048 \*\*\*150.00

0107894  
AV

DOCUMENT # **P00000014277**

1. Entity Name  
**DORIN ENTERPRISES, INC.**



Principal Place of Business  
**631 2ND STREET NE  
NAPLES FL 34120**

Mailing Address  
**631 2ND STREET NE  
NAPLES FL 34120**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3623354**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

~~BEJINARIU, CLAUDIA~~  
~~631 2ND STREET NE~~  
~~NAPLES FL 34120~~

Name  
~~BEJINARIU, CLAUDIA~~

Street Address (P.O. Box Number is Not Acceptable)  
~~631 2ND STREET NE~~

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PO BEJINARIU, DORIN 631 2ND STREET NE NAPLES FL 34120</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: *DORIN BEJINARIU* **DORIN Bejinariu** *Pres.* **7/23/03** **239-304-5464**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

80134405

P00000014277

DORIN ENTERPRISES INC.  
FEI# 59-3623354  
631 2<sup>ND</sup> STREET NE  
NAPLES, FL 34120

7/23/03

I am writing in regards to the late fee imposed. I did not receive your first notice. I had forgotten about this report until I received your notice. I called your automated telephone number and the recording said that I should write a letter and send a check for the 150.00 original fee. I will make a note on my calendar for future reference so this oversight will not happen again. I have enclosed the fee and am hoping for your pardon.

Thank you,  
Claudia Bejinariu

