## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000031576  1. Entity Name DOTAL LIMITED, INC.							Secretary of State 02-27-2002 90071 033 ***150.00				
Principal Place 10050 NW 6T SPRING LAKE MIAMI FL 331	E VILLAGE	S	Mailing Address 10050 NW 6TH TERRACE SPRING LAKE VILLAGE MIAMI FL 33172				DO NOT WRITE IN THIS SPACE				
2. Principal I	Place of Busin		3. Mailing Address 1013 Bamboo Lane								
Suite, Apt	. #, etc.		Suite, Apt. #, etc.								
City & State Weston, FL			City & State Weston, FL			4.	4. FEI Number APPLIED FOR Applied For Not Applicable				
Zip 33		Country USA	Zip 33327	Coun	S'SA	5.	Certificate of Status Desired		.75 Add	ditional	
	6. Name	and Address of Current R	egistered Agent				Name and Address of New Re	gistered Age			
MALDONADO, JOSE LUIS  10050 NW 6TH TERRACE SPRING LAKE VILLAGE  NEW Address ->					Street A	reet Address (P.O. Box Number is Not Acceptable)					
spring i Miami fl	LAKE VILLA 33172	GE	1015 00				mboo lane				
			~		City C	<u>sestov</u>	1	FL	33	327	
Tax filing	Signature, typed coration is elig	or printed marke of registered agent and lible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat			00 50.00	10. Election Campaign Financing \$5.00 May Se				
11.	т——	OFFICERS AND D	IRECTORS	12.			DDITIONS/CHANGES TO OFFI	CERS AND DI	RECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO, JOSE LUIS 6TH TERRACE 33172	Delete			1013,8	UIS MALDONADO Camboo Lane SM, FL 3332		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Delete			ARIEI	tant Director MALDONADO amboo Lang On, FL 33327		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			grade ( up. s. s.	· · · · · · · · · · · · · · · · · · ·	سقه المتحدث بهو منسسه	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				<b>4</b>		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby indicated of the color the color.	on this report poration or th	t or supplemental report is to	Delete  Delete  Delete  Delete  Delete	TITLE NAME STREE CITY TITLE NAME STREE CITY- the exery	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP Inption stature shall h	ave the same	119.07(3)(i), Florida Statutes. I legal effect as if made under o ida Statutes; and that my name	further certify	Change that the ir	☐ A	

SIGNATURE:

(454)217-9695