

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060915

1. Entity Name

DORIAN, INC. II

Principal Place of Business

777 NORTHWEST 72 AVENUE #2-AA-53
MIAMI FL 33126

Mailing Address

777 NORTHWEST 72 AVENUE #2-AA-53
MIAMI FL 33126

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

USA

6. Name and Address of Current Registered Agent

KAUFMAN, MICHAEL S
BISCAYNE BOULEVARD - SUITE 511
11900 BISCAYNE BOULEVARD
MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

Joseph Benmeleh

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

777 Northwest 72nd Ave, Suite 2AA-53

City

Miami

FL

Zip Code

33126

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]

Joseph Benmeleh

01/06/01

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 PD
NAME BENMELEH, JOSEPH
STREET ADDRESS 777 NORTHWEST 72 AVENUE #2-AA-53
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE SD
NAME Benmeleh, Joseph
STREET ADDRESS 777 NW 72 AVE 2AA-53
CITY-ST-ZIP Miami FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S/T/D
NAME JACK Benmeleh
STREET ADDRESS 777 NW 72nd Ave, Suite 2AA-53
CITY-ST-ZIP Miami, Florida 33126 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

President

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-01

Date

305 267 4478

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90331 001 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)