

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078674

1. Entity Name

DORAL HARDWARE, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90135 033 ***150.00

Principal Place of Business

15369 SOUTHWEST 36TH TERRACE
MIAMI FL 33165

Mailing Address

15369 SOUTHWEST 36TH TERRACE
MIAMI FL 33165

2. Principal Place of Business

15369 SW 36TH TERR

3. Mailing Address

15369 SW 36TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1075160

Applied For

Not Applicable

Zip

33185

Country

US

Zip

33185

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PACHECO, ARTURO
3876 SOUTHWEST 112TH AVENUE
SUITE 178
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

VIVAS, ALBERT

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

15369 SW 36TH TERRACE

City MIAMI

State FL

Zip Code

33185

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

Albert Vivas

PRESIDENT

4/18/01

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

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	<input type="checkbox"/> Delete
NAME	VIVAS, ALBERT	
STREET ADDRESS	15369 SOUTHWEST 36TH TERRACE	
CITY- ST- ZIP	MIAMI FL 33165	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VIVAS, NELSON M	
STREET ADDRESS	10632 NW 54TH STREET	
CITY- ST- ZIP	MIAMI FL 33178	
TITLE	STD	<input type="checkbox"/> Delete
NAME	IBANEZ, XAVIER D	
STREET ADDRESS	10926 NW 67TH TERRACE	
CITY- ST- ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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:

Albert Vivas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

(305) 986-2659

Daytime Phone #

CR2E034 (10/00)