

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2001 8:00 am
Secretary of State

05-16-2001 90383 049 ***150.00

DOCUMENT # P0000084375

1. Entity Name
DOULOS, INC.

Principal Place of Business Mailing Address
 501 THREE ISLAND BLVD., APT. 119 501 THREE ISLAND BLVD., APT. 119
 HALLANDALE FL 33008 HALLANDALE FL 33008

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number Applied For / Not Applicable
65-1070381

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

6. Name and Address of Current Registered Agent
VERA, FABIAN FABIAN
 501 THREE ISLAND BLVD., APT. 119
 HALLANDALE FL 33008

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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.

SIGNATURE _____ DATE _____
(Type or print name of registered agent and file # if applicable. (X) If Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$160.00
After May 1, 2001 Fee will be \$350.00
 State 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		<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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FABIAN VERA	
STREET ADDRESS	501 THREE ISLAND BLVD, HALL, F, 33008	
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FABIAN VERA	
STREET ADDRESS	501 THREE ISLAND BLVD HALL, F, 33008	
CITY-ST-ZIP		
TITLE	OWNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FABIAN VERA	
STREET ADDRESS	501 THREE ISLAND BLVD, HALL, F, 33008	
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 in an attachment, with an address, with all other like empowered.

SIGNATURE: _____ Date: **04-30-01** 954
 _____ Daytime Phone #: **457-8705**



DO NOT WRITE IN THIS SPACE

CRE2004 (10/00)