

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0215509 AV

DOCUMENT # P01000016643

1. Entity Name
DOLPHIN BELEN ESTATES, INC.

02-11-2002 90228 007 ***158.75

Principal Place of Business
~~3211 PONCE DE LEON BLVD. SUITE 201~~
~~CORAL GABLES FL 33134~~

Mailing Address
~~3211 PONCE DE LEON BLVD. SUITE 201~~
~~CORAL GABLES FL 33134~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1801 CORAL WAY
 Suite, Apt. #, etc. **403**

3. Mailing Address
1801 CORAL WAY
 Suite, Apt. #, etc. **403**

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip **33145** **Country** **USA**

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4. FEI Number
65-1085032

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

PORTUONDO, FERNANDO J ESQ.
~~3211 PONCE DE LEON BLVD. SUITE 201~~
~~CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name **2121 Ponce De Leon Blvd.**
Street Address (P.O. Box Number is Not Acceptable)
Suite 600
City **Coral Gables** **FL** **Zip Code** **33139**

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, 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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	NADER, JAIRO ISAAC	3211 PONCE DE LEON, BLVD. SUITE 201	CORAL GABLES FL 33134	<input type="checkbox"/>
D	NADER, ALVARO ISAAC	3211 PONCE DE LEON, BLVD. SUITE 201	CORAL GABLES FL 33134	<input type="checkbox"/>
D	BARROS, DAVID MANOTAS	3211 PONCE DE LEON, BLVD. SUITE 201	CORAL GABLES FL 33134	<input type="checkbox"/>
D	CORREA, ALVARO ALARCON	3211 PONCE DE LEON, BLVD. SUITE 201	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Isaac, Jairo	1801 CORAL WAY, SUITE 403	MIAMI, FL, 33145	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Isaac, Alvaro	1801 CORAL WAY, SUITE 403	MIAMI, FL, 33145	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Manotas, David	1801 CORAL WAY, SUITE 403	MIAMI, FL, 33145	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Alarcon, Alvaro	1801 CORAL WAY SUITE 403	MIAMI, FL, 33145	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alvaro Alarcon, Vice Pres.

1/24/02

305-8548404
 Daytime Phone #

CR2E034 (9/01)