

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91865 021 \*\*\*150.00

0343723 AV

**DOCUMENT # P01000035231**

**1. Entity Name**  
**DOMINICA RESORT, INC.**



**Principal Place of Business**  
**13825 SW 88TH STREET**  
**# 189**  
**MIAMI FL 33186**

**Mailing Address**  
**4337 W SUNRISE BLVD**  
**PLANTATION FL 33313**



**2. Principal Place of Business**  
**1600 SAWGRASS CORPORATE**

**Suite, Apt. #, etc.**  
**PARKWAY**

**City & State**  
**SUNRISE, FL**

**Zip**  
**33323**

**Country**  
**U.S.A**

**3. Mailing Address**  
**46 GREG MARTIN**

**Suite, Apt. #, etc.**  
**2601 BAYSHORE DR SUITE 1600**

**City & State**  
**MIAMI FLORIDA**

**Zip**  
**33133**

**Country**  
**U.S.A**

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **NOT APPLICABLE**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**MARTIN, GREGORY A**  
**ADORNO & ZEDER P.A.**  
**2601 BAYSHORE DR SUITE 1600**  
**MIAMI FL 33133**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ **(NOTE: Registered Agent signature required when reinstating)** **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>WONG, IAN</b>	
<b>STREET ADDRESS</b>	<b>15330 SUNSET DR 24</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33165</b>	
<b>TITLE</b>	<b>CD</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>ALFRED, VICTOR</b>	
<b>STREET ADDRESS</b>	<b>13825 SW 88TH ST # 189</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33186</b>	
<b>TITLE</b>	<b>VDCE</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>BISASOR, ANDRE</b>	
<b>STREET ADDRESS</b>	<b>8306 MILL DR # 170</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33183</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>KEZERLE, SAVITA</b>	
<b>STREET ADDRESS</b>	<b>2601 S.BAYSHORE DR,SUITE 1600</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33133</b>	
<b>TITLE</b>	<b>COOD</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>LETANG, MAGDALENE</b>	
<b>STREET ADDRESS</b>	<b>13825 SW 88TH ST # 189</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33186</b>	
<b>TITLE</b>	<b>SD</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>TELLEZ, GLENDON</b>	
<b>STREET ADDRESS</b>	<b>13389 NW 7TH ST</b>	
<b>CITY-ST-ZIP</b>	<b>PLANTATION FL 33325</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>CPD</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>VICTOR ALFRED</b>	
<b>STREET ADDRESS</b>	<b>13876 SW 56 STREET #170</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33175</b>	
<b>TITLE</b>	<b>STD SAVITA KEZERLE</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>ADACHE RESORTS, INC.</b>	
<b>STREET ADDRESS</b>	<b>1600 SAWGRASS CORPORATE PARKWAY</b>	
<b>CITY-ST-ZIP</b>	<b>SUNRISE, FL 33323</b>	
<b>TITLE</b>	<b>TD</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>STEFAN SCHAAFFE</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>STREET ADDRESS</b>	<b>2740 INVERARY DR, E-38</b>	
<b>CITY-ST-ZIP</b>	<b>LAUDERHILL, FL 33319</b>	
<b>TITLE</b>	<b>N/A</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>N/A</b>	
<b>STREET ADDRESS</b>	<b>N/A</b>	
<b>CITY-ST-ZIP</b>	<b>N/A</b>	
<b>TITLE</b>	<b>N/A</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>N/A</b>	
<b>STREET ADDRESS</b>	<b>N/A</b>	
<b>CITY-ST-ZIP</b>	<b>N/A</b>	

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** VICTOR ALFRED **04/30/03** **(305) 975-5144**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **DATE** **DAYTIME PHONE #**

CR2E034 (10/02)