

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**  
 04-21-2002 90874 027 \*\*\*150.00

0120026 AV

**DOCUMENT # P01000042365**

**1. Entity Name**  
**DOMEL, INC.**

**Principal Place of Business**  
 75 CORAL SEA WAY #12  
 SATELLITE BEACH FL 32937

**Mailing Address**  
 75 CORAL SEA WAY #12  
 SATELLITE BEACH FL 32937



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 415 E. NEW HAVEN AVE  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 415 E. NEW HAVEN AVE  
 Suite, Apt. #, etc.

**City & State**  
 Melbourne FL  
**Zip**  
 32901  
**Country**  
 USA

**City & State**  
 Melbourne, FL  
**Zip**  
 32901  
**Country**  
 USA

**4. FEI Number** 59-3714862  
**Applied For**  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 PALACIOS, FERNANDO M ESQ  
 525 EAST STRAWBRIDGE AVE  
 MELBOURNE FL 32901

**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** \_\_\_\_\_  
(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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> CAMARRA, DOMENICO 75 CORAL SEA WAY #12 SATELLITE BEACH FL 32937 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> MILES, MELODY 75 CORAL SEA WAY #12 SATELLITE BEACH FL 32937 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>CAMARRA DOMENICO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 415 E. NEW HAVEN AVE MELBOURNE FL 32901
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MILES MELODY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 415 E. NEW HAVEN AVE MELBOURNE, FL 32901
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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:** DOMENICO CAMARRA **SIGNATURE REQUIRED** DOMENICO CAMARRA **APRIL 10, 02** 321(725-1355)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)