## 2002 UNIFORM BUSINESS REPORT (UBR)

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## FIFD DOCUMENT # P01000061567 1. Entity Name 02 MAY 17 PM 1:55 DORAL SCHOOL OF REAL ESTATE CORPORATION SECRETARY OF STATE \*Principal Place of Business TALLAHASSEE, FLORIDA Mailing Address 8180 N.W. 36 STREET 8180 N.W. 36 STREET **SUITE #201** SUITE #201 MIAMI FL 33166 MIAMI FL 33168 ЦŠ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number ✓ Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUTIERREZ, RENE A Street Address (P.O. Box Number is Not Acceptable) 8180 NW 36 STREET SUITE #201 **MIAMI FL 33166** City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President. TITLE ☐ Delete TITLE ☐ Change Addition (9/01) Rene A. Gutierres NAME NAME STREET ADDRESS 8180 NW 36 St. ste 201 STREET ADDRESS 3.PZE034 CITY-ST-ZIP MIQUI Fl. 33166 CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME. INVE-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete ППF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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 trusted 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:

THE TYPED ON PRINTED NAME OF SIGNING OFFICER OR DURSE

4/17/02

305-471-7746 Destina Phone #

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