

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90089 026 ***150.00

DOCUMENT # P02000022387

1. Entity Name
DOCAJO REALTY GROUP, INC.



Principal Place of Business
**12505 ORANGE DRIVE STE 902
DAVIE FL 33330**

Mailing Address
**12505 ORANGE DRIVE STE 902
DAVIE FL 33330**



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

01-0609241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COBIELLES, JOSE
7141 NW 10 COURT
PLANTATION FL 33313**

Name

PAEZ, CRISTOBAL

Street Address (P.O. Box Number is Not Acceptable)

12505 ORANGE DRIVE

STE 902

City

DAVIE

FL

Zip Code

33330

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

Signature, typed or printed name of registered agent and title if applicable

(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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **ZAMD, ABRAHAM**
STREET ADDRESS **12505 ORANGE DRIVE STE 902**
CITY-ST-ZIP **DAVIE FL 33330**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **COBIELLES, JOSE**
STREET ADDRESS **12505 ORANGE DRIVE STE 902**
CITY-ST-ZIP **DAVIE FL 33330**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **PAEZ, CRISTOBAL**
STREET ADDRESS **12505 ORANGE DRIVE STE 902**
CITY-ST-ZIP **DAVIE FL 33330**

TITLE **PAEZ, CRISTOBAL** ☒ Change ☐ Addition
NAME **PAEZ, CRISTOBAL**
STREET ADDRESS **12505 ORANGE DRIVE STE 902**
CITY-ST-ZIP **DAVIE, FL 33330**

TITLE **TD** ☒ Delete
NAME **PAEZ, CRISTOBAL**
STREET ADDRESS **12505 ORANGE DRIVE STE 902**
CITY-ST-ZIP **DAVIE FL 33330**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **PEDRAGA, ALBERT**
STREET ADDRESS **10741 SW 40 MN**
CITY-ST-ZIP **DANIA FL 33328**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP/MD** ☐ Change ☒ Addition
NAME **AURA MARIA BOTELLO**
STREET ADDRESS **12505 ORANGE DRIVE STE 902**
CITY-ST-ZIP **DAVIE FL 33330**

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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)