FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 91017 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000022850

1. Entity Name
DORJUL INVESTMENTS, INC.

100046746

Principal Place of Business	Mailing Address
800 CORPORATE DRIVE 420 FORT LAUDERDALE, FL 33334	800 CORPORATE DRIVE 420 FORT LAUDERDALE, FL 33334

2. Principal Place of Business	3. Mailing Address
2811 SOMERSET DR.	2811 SOMERSET DR
Suite, Apt. #, etc. #C410	Suite, Apt. #, etc. #C410
City & State LAUDERDALE LAKES, FL	City & State LAUDERDALES LAKES FL
Zip 33311 Country US	Zip 33311 Country US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 30-0048729 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
NEIMARK & NADEL, P.A.
800 CORPORATE DRIVE
420
FORT LAUDERDALE, FL 33334

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 ____ 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 NAME STREET ADDRESS CITY-ST-ZIP	P. POPA, JON 2811 SOMERSET DR. #C410 LAUDERDALE LAKES, FL 33311 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. POPA, RAKILA 2811 SOMERSET DR. #C410 LAUDERDALE, LAKES, FL 33311 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Jon Popa JON. POPA 3-21-03 954 4842798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)