

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90203 020 \*\*\*158.75

**DOCUMENT # P02000098234**

1. Entity Name  
**DULCINEA CORPORATION**



Principal Place of Business  
**26251 TAMiami TRAIL, SUITE 15  
BONITA SPRINGS, FL 34134**

Mailing Address  
**26251 TAMiami TRAIL, SUITE 15  
BONITA SPRINGS, FL 34134**



2. Principal Place of Business  
**3511 Ponce de Leon Blvd.**

3. Mailing Address  
**3511 Ponce de Leon Blvd.**

Suite, Apt. #, etc.  
**n/a**

Suite, Apt. #, etc.  
**n/a**

City & State  
**Coral Gables, Fla 33134**

City & State  
**Coral Gables, Florida 33134**

Zip  
**33134**

Country  
**USA**

Zip  
**33134**

Country  
**USA**

4. FEI Number  
**82-0563220**

Applied For  
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**LOUSSINIAN, EDWARD O  
700 CORAL WAY  
2  
CORAL GABLES FL 33134**

## 7. Name and Address of New Registered Agent

Name  
**Omar Gutierrez**  
Street Address (P.O. Box Number is Not Acceptable)  
**3509 Ponce de Leon Boulevard**  
City  
**Coral Gables** FL Zip Code  
**33134**

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]* **Omar Gutierrez**

**Feb. 19th, 2003**

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	<input type="checkbox"/> Delete
President	Edward O. Loussinian	700 Coral Way Apt. # 2	Coral Gables Fla 33134	<input type="checkbox"/>
Vice President	Cynthia Loussinian Liste	3509 Ponce de Leon Blvd.	Coral Gables Fla. 33134	<input type="checkbox"/>
Secretary/Treasurer	Elizabeth Gutierrez	3509 Ponce de Leon Blvd.	Coral Gables - Fla 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* **EDWARD O. LOUSSINIAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb 19th, 2003 (305)4468501**

Date

Daytime Phone #

CR2E034 (10/02)