

# **3** **FOR PROFIT CORPORATION** **UNIFORM BUSINESS REPORT (UBR)**

*Page 1 of 2*

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000099241**

1. Entity Name

**Doratex Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1561 SW 12<sup>TH</sup> Ave.**

3. Mailing Address

**1561 SW 12<sup>TH</sup> Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

**Miami, FL**

4. FEI Number

**54-2074638**

Applied For

Not Applicable

Zip

**33129**

Country

**USA**

Zip

**33129**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

**Juan Zea**

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

**1561 SW 12<sup>TH</sup> Ave.**

City

**Miami**

FL

Zip Code

**33129**

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE	<b>President</b>
NAME	<b>Juan Zea</b>
STREET ADDRESS	<b>1561 SW 12<sup>TH</sup> Ave</b>
CITY-ST-ZIP	<b>Miami, FL 33129</b>
TITLE	<b>Vicepresident</b>
NAME	<b>Norma Rosa</b>
STREET ADDRESS	<b>1561 SW 12<sup>TH</sup> Ave.</b>
CITY-ST-ZIP	<b>Miami, FL 33129</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with all other like empowered

SIGNATURE:

*Norma Rosa*

**Norma Rosa - Vicep**

**8/2/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Page 2 of 2

July 10, 2003

Division of Corporations  
409 East Gaines Street  
Tallahassee, Fl. 32399

Dear Sir or Madam,

This is to advise that up to this time I have not received any advise on your Division regarding payment of fees due to you every year.

I was told that your fees are \$150.00 and consequently I am enclosing a check covering that amount.

I don't know if this is the way is in order to you, but if not, please let me know.

Sincerely,

*Norma Rosa*

DORATEX, INC.  
1561 SW 12<sup>TH</sup> AVE.  
MIAMI, FL. 33129

PO200009924