

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000118417

1. Entity Name
DORAL MARKETING GROUP, INC.



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91783 017 ***150.00

0305098
AV

Principal Place of Business
5600 NW 107 AVE.
1412
MIAMI FL 33178

Mailing Address
5600 NW 107 AVE.
1412
MIAMI FL 33178

11041516



2. Principal Place of Business
5440 NW 107 Ave

3. Mailing Address
5440 NW 107 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202

202

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33178

USA

33178

USA

4. FEI Number

59-0075922

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

7. Name and Address of New Registered Agent

SABANDO, CARLOS
5600 NW 107 AVE
1412
MIAMI FL 33178

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 _____ (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 P
NAME SABANDO, CARLOS
STREET ADDRESS 5600 NW 107 AVE # 1412
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS 5470 NW 107 AVE #803
CITY-ST-ZIP MIAMI, FL ☒ Change ☐ Addition

TITLE VP
NAME GARCIA, MIGUEL A
STREET ADDRESS 5600 NW 107 AVE # 1412
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS 5440 NW 107 AVE # 202
CITY-ST-ZIP MIAMI, FL 33178 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)