

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000010967

1. Entity Name

DOR-JAM, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90184 048 ***150.00

Principal Place of Business

11787 S. DIXIE HWY
#145
MIAMI FL 33156
US

Mailing Address

11787 S. DIXIE HWY
#145
MIAMI FL 33156-4438
US

2. Principal Place of Business

8109 ALISTER PLACE

Suite, Apt. #, etc.

3. Mailing Address

8109 ALISTER PLACE

Suite, Apt. #, etc.

City & State

ST. LUCIE WEST, FL

City & State

ST. LUCIE WEST, FL

4. FEI Number

65-0379213

Applied For

Not Applicable

Zip

34986

Country

USA

Zip

34986

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAHARAKO, JAMES G
4000 N A1A
#801
FT PIERCE FL 34949

7. Name and Address of New Registered Agent

Name JAMES ZAHARAKO

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

8109 ALISTER PLACE

City ST. LUCIE WEST

FL

Zip Code 34986

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.

SIGNATURE

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

JAMES ZAHARAKO

(NOTE: Registered Agent signature required when reinstating)

4/7/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ZAHARAKO, JAMES G	
STREET ADDRESS	4000 N A1A, #801	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAHARAKO, DOROTHY B	
STREET ADDRESS	4000 N A1A, #801	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES ZAHARAKO	
STREET ADDRESS	8109 ALISTER PLACE	
CITY-ST-ZIP	ST. LUCIE WEST, FL 34986	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY B. ZAHARAKO	
STREET ADDRESS	8109 ALISTER PLACE	
CITY-ST-ZIP	ST. LUCIE WEST, FL 34986	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES ZAHARAKO, PRES. 4/7/00 632.8633

Date

Daytime Phone #

CR2E034 (9/99)