

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082367

1. Entity Name

DORAL GAS & WASH 2, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90039 011 \*\*\*150.00

Principal Place of Business

Mailing Address

7900 NW 36TH ST.  
 MIAMI FL 33166  
 US

7900 NW 36TH ST.  
 MIAMI FL 33166-6604  
 US

2. Principal Place of Business

11600 N.W. 34TH STREET

3. Mailing Address

11600 N.W. 34TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0451894

Applied For

Not Applicable

Zip

Country

33178

USA

Zip

Country

33178

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINK, BRIAN ESQ  
 CATLIN, SAXON, TUTTLE & EVANS, PA  
 169 E FLAGLER STREET, #1700  
 MIAMI FL 33131

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVSD  Delete  
 NAME ARIAS, LUIS  
 STREET ADDRESS 7900 NW 36TH ST.  
 CITY-ST-ZIP MIAMI FL

TITLE PSTD  Change  Addition  
 NAME LUIS ARIAS  
 STREET ADDRESS 11600 N.W. 34TH STREET  
 CITY-ST-ZIP MIAMI, FL 33178

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  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: x

*Signature of Luis Arias*  
 LOUIS ARIAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 5-01-00 305-639-9590

Date

Daytime Phone #

CR2E034 (9/99)