## FILED Apr 13, 2001 8:00 a

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400060569  1. Entity Name DORI BUSINESS, INC.						Apr 13, 2001 8:00 am Secretary of State 04-13-2001 90080 038 ***150.00			
Principal Plac 3600 N.W. 37T MIAMI FL 3314	and the second s	Mailing Address 3600 N.W. 37TH COURT MIAMI FL 33142							
2. Principal F	Place of Business	3. Mailing Address				DO NOT WRITE IN THIS SPACE			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							
City & Stat	te	City & State			4. F	El Number <b>65-0530128</b>	<del></del>	pplied For ot Applicable	
Zip Country		Zip	Zip Count		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Currer	nt Registered Agent	_		7. N	lame and Address of New Register	ed Agent		
MULLER, GEORGE 3600 N.W. 37 COURT			Name						
MIAMI FL 33142				City	<del> </del>	<b>.</b>	Zip Cod	de	
8. The above	e named entity submits this statement	for the purpose of changing its	registere	Led office or re	egistered age		<u>-                                     </u>		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered	d Agent signature i	required when rei	instating) DAT	E		
Tax filing	oration is eligible to satisfy its Intangib requirement and elects to do so, ria on back)	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St.			10. Election Campaign Financing Trust Fund Contribution.		00 May Be	
11.	OFFICERS AN	D DIRECTORS	12.		ADI	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLER, GEORGE 3600 N.W. 37TH COURT MIAMI FL 33142	☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	m/Com.	☐ Delete	TITLE NAME STREE	:		and the second s	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I .			Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE		<del></del>		☐ Change	☐ Addition	

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #