

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000070584**

1. Entity Name  
**DORCLA INC.**

Principal Place of Business  
**18398 S DIXIE HWY  
MIAMI FL 33158  
US**

2. Principal Place of Business **3. Mailing Address**

**Suite, Apt. #, etc.** **Suite, Apt. #, etc.**

**City & State**

**Zip** **Country**

**Zip**

**Country**

4. FEI Number **65-0524329** **Applied For**  
**Not Applicable**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**DORMOY, CLAUDE P  
18398 S DIXIE HWY  
MIAMI FL 33158**

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, 2002 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

**P**  Delete  
**DORMOY, CLAUDE P.  
18398 S DIXIE HWY  
MIAMI FL 33158**

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**500005973155--  
-06/25/02--01052--012  
\*\*\*\*150.00 \*\*\*\*150.00**  Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**  Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**  Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**  Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**  Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**  Delete

**TITLE  
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

SIGNATURES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

447-8701 (505) 201-2483  
Daytime Phone #

Date:

CR2E034-901