

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90027 003 ***150.00

DOCUMENT # P95000048809

1. Entity Name
DOMASA, INC.

Principal Place of Business
2100 SALZEDO ST
#300
CORAL GABLES FL 33134

Mailing Address
2100 SALZEDO ST
#300
CORAL GABLES FL 33134

2. Principal Place of Business
520 BRICKELL KEY DR.

3. Mailing Address
520 BRICKELL KEY DR.

Suite, Apt. #, etc.
1810

Suite, Apt. #, etc.
1810

City & State
MIAMI FL.

City & State
MIAMI FL.

Zip
33131

Country
DADE

Zip
33131

Country
DADE

4. FEI Number
52-2035314

Applied For
 Not Applicable

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

ARAZOZA COMAS, DE TORRES & FERNANDEZ-FRAGA
2100 SALZEDO ST
STE 300
CORAL GABLES FL 33134

Name
ARAZOZA & FERNANDEZ-FRAGA, P.A.

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
SANTOS, PEDRO SR.
C/O 2100 SALZEDO ST STE 300
CORAL GABLES FL 33134
☐ Delete
PRESIDENT

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
SANTOS, BERTA
C/O 2100 SALZEDO ST STE 300
CORAL GABLES FL 33134
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
SANTOS, PEDRO JR.
C/O 2100 SALZEDO ST STE 300
CORAL GABLES FL 33134
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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.

SIGNATURE:

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

MARCH 15/02

Date

Daytime Phone #

CP2E034 (9/01)