

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083233

1. Entity Name

DORAL MEDICAL SERVICES, INC.

FILED

00 MAR 13 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

11398 W FLAGLER ST.  
203  
MIAMI FL 33174

11398 W FLAGLER ST.  
203  
MIAMI FL 33174-1158

2. Principal Place of Business

3. Mailing Address

11398 W Flagler ST

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

City & State

City & State

MIAMI

Zip

Country

Zip

Country

33174



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0616083

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

BONET, IVONNE  
100 EAST 37 ST.  
HIALEAH FL 33013

Name

Alain Carlos Navarro

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

2090 SW 37th ST

City

Houestead

FL

Zip Code

33034

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 P ☒ Delete  
NAME ~~BONET, IVONNE~~  
STREET ADDRESS 100 EAST 37 ST.  
CITY-ST-ZIP HIALEAH FL 33013

TITLE PTD ☒ Change ☐ Addition  
NAME ALAIN Carlos Navarro  
STREET ADDRESS 2090 SW 37th ST  
CITY-ST-ZIP HOUSTEAD, FL 33034, 0000

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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 my address, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

CR2E034 (9/99)