

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000005998

1. Entry Name

DORHEINZ INTERNATIONAL, INC.

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90132 043 ***158.75

Principal Place of Business

Mailing Address

1807 NORTHEAST 15 AVENUE
FORT LAUDERDALE FL 33305

1807 NORTHEAST 15 AVENUE
FORT LAUDERDALE FL 33305-3220



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1717 SO Ocean Bl #15

1717 SO Ocean Bl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

POHPAVO BEACH FL

#15

City & State

City & State

33062 USA

POHPAVO BEACH FL

Zip

Country

33062

USA

4. FEI Number 65-0646301

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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	PSTD	☒ Delete
NAME	PIRING, FEMMY E	
STREET ADDRESS	1807 NORTHEAST 15 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	VP	☒ Delete
NAME	BARRY HOBER	
STREET ADDRESS	1807 N.E. 15 AV.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSTD	☐ Change ☐ Addition
NAME	PIRING, FEMMY E	
STREET ADDRESS	1717 SO Ocean Blvd #15	
CITY-ST-ZIP	POHPAVO BEACH FL 33062	
TITLE	VP	☐ Change ☐ Addition
NAME	BARRY HOBER	
STREET ADDRESS	1717 SO Ocean Blvd #15	
CITY-ST-ZIP	POHPAVO BEACH FL 33062	
TITLE	ADDRESS CHANGE!	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(f), 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 information.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

APR 03-2001

Daytime Phone

CR2E034 (9/99)