

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90017 024 ***150.00

DOCUMENT # P96000031853

1. Entity Name
DORIAN'S PLACE INC.

Principal Place of Business

2711 SW 137TH AVE
51
MIAMI FL 33175
US

Mailing Address

8820 SW 94TH ST
MIAMI FL 33176
US

2. Principal Place of Business

3. Mailing Address

10290 S.W. 156 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33157

MIAMI-DADE

4. FEI Number

65-0662809

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, EDUARDO
5901 SW 109 AVE
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name GARCIA, EDUARDO

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

10290 S.W. 156 STREET

City

MIAMI

FL

Zip Code

33157

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 D ☒ **Delete**
NAME EDUARDO, GARCIA
STREET ADDRESS 5901 SW 109 AVE
CITY-ST-ZIP MIAMI FL 33173

TITLE D ☒ **Delete**
NAME CHLORIS, GARCIA
STREET ADDRESS 5901 SW 109 AVE
CITY-ST-ZIP MIAMI FL 33173

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE EDUARDO GARCIA ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS 10290 S.W. 156 STREET
CITY-ST-ZIP MIAMI, FL 33157

TITLE CHLORIS GARCIA ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS 10411 S.W. 51 STREET
CITY-ST-ZIP MIAMI, FL 33165

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

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2002 (305) 485-0033

Date

Daytime Phone #

CR2E034 (9/01)