

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90015 030 ***150.00

DOCUMENT # **P96000044382**
 1. Entity Name **PORT DORAL INVESTMENTS, INC.**
 COPY: **WE NEVER RECEIVED THE ORIGINAL**

Principal Place of Business **9100 S.W. 68th STREET MIAMI, FL 33173**
 Mailing Address **9100 S.W. 68th STREET MIAMI, FL 33173**

2. Principal Place of Business **3730 ALCANTARA AVENUE**
 Suite, Apt. #, etc.
 3. Mailing Address **7384 N.W. 56th STREET**
 Suite, Apt. #, etc.

City & State **MIAMI, FLORIDA**
 Zip **33178** Country **U.S.A.**
 City & State **MIAMI, FLORIDA**
 Zip **33166** Country **U.S.A.**

4. FEI Number **65-0684629** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
FERNANDEZ, MANUEL A.
~~**9100 S.W. 68th STREET MIAMI, FL 33173**~~
3730 ALCANTARA AVENUE MIAMI, FL 33178

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

6. 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 _____ (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 <input type="checkbox"/> Delete	D	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, MANUEL A.	NAME	
STREET ADDRESS	9100 S.W. 68th STREET	STREET ADDRESS	3730 ALCANTARA AVENUE
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	MIAMI, FLORIDA 33178
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Manuel Fernandez* **3-29-2000** **305-883-6616**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #