

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90071 018 ***150.00

0206747

DOCUMENT # P96000044382

1. Entity Name
PORT DORAL INVESTMENTS, INC.

Principal Place of Business Mailing Address
~~3730 ALCANTARA AVENUE~~ 10365 N.W. 46th STREET
 MIAMI FL ~~33178~~ 33166 MIAMI FL 33166

2. Principal Place of Business 3. Mailing Address
10365 N.W. 46th STREET
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip Country
33178 **U.S.**

City & State

Zip Country

4. FEI Number **65-0684629**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FERNANDEZ, MANUEL
~~3730 ALCANTARA AVENUE~~ **10365 N.W. 46th STREET**
 MIAMI FL ~~33178~~ **33178**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	D FERNANDEZ, MANUEL 3730 ALCANTARA AVENUE 10365 N.W. 46th ST MIAMI FL 33178 33178	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Manuel Fernandez* **2-13-2001** **2-13-2001 305-883-6616**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MANUEL FERNANDEZ (PRESIDENT)

CR2E034 (10/00)