

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90086 002 ***150.00

05/28/1985 ΔV

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1. Entity Name
DORAL LENDING CORP.

Principal Place of Business
10580 NW 27TH ST.
MIAMI FL 33172

Mailing Address
10580 NW 27TH ST.
MIAMI FL 33172

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number 65-0835825

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WRIGHT, GREGOTY J
10580 NW 27 STREET
MAIMI FL 33172

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
	PD FOGART, THOMAS J	10580 NW 27 STREET MIAMI FL 33172	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SD WRIGHT, GREGORY J	10580 NW 27 STREET MIAMI FL 33172	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 667, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Tom Fogarty 3/11/03 (305) 91-1052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR