2000 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supplement of the corporation or the receiver or tru changed, or on an attachment with

FILED DOCUMENT # **P97000088895** Mar 30, 2000 8:00 am Secretary of State DORAL 58TH STREET CORP. 03-30-2000 90038 036 ***150.00 Mailing Address Principal Place of Business 3 S.W. 7TH STREET 13 S.W. 7TH STREET MIAMI FL 33130-3009 MIAMI FL 33130 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0799205 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MICHAEL LATTERNER & ASSOCIATES Street Address (P.O. Box Number is Not Acceptable) 13 S.W. 7TH STREET **MIAMI FL 33130** Zip Code FI 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PDST TITI F ☐ Addition TITLE ☐ Delete LATTERNER, MICHAEL NAME NAME STREET ADDRESS 13 S.W. 7TH STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33130** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE ROSEN, WAYNE NAME 441 VALENCIA AVENUE #703SUITE 1912 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33134** CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change | ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 supplementary course true and accurate final 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 received of true appears in Block 11 or Block 12 if