

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008879

Entity Name
DOURO, INC.

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90188 009 ***150.00

Principal Place of Business

NE 26TH AVE. SUITE 108
LAUDERDALE FL 33304

Mailing Address

900 NE 26TH AVE. SUITE 108
FT LAUDERDALE FL 33304-3607

Principal Place of Business

5555 N-W 95TH AVE
Suite, Apt. #, etc.

3. Mailing Address

5555 N-W 95TH AVE
Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

SUNRISE FL

Zip

33351

Country

USA

Zip

33351

Country

USA

4. FEI Number

65-0879592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, PETER K
631 NE 17TH WAY
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name
SMITH, PETER K

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

106 1ST LANE

City
PALM BEACH GARDENS FL

Zip Code
33418

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/00

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p>ST ZIP</p>	<p>PST SMITH, PETER K 900 NE 26TH AVE, SUITE 108 FT LAUDERDALE FL 33304</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p>PST SMITH SMITH PETER K 106 1ST LANE PALM BEACH GARDENS FL 33418</p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>ST ZIP</p>	<p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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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

PETER K SMITH

Date

2/18/00

Daytime Phone #

954 799 7964

CR2E034 (9/99)