

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037854

1. Entity Name

DORTREX, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90125 015 ***158.75

Principal Place of Business

7501 E TREASURE DR
9F
NORTH BAY VILLAGE FL 33141

Mailing Address

7501 E TREASURE DR
9F
NORTH BAY VILLAGE FL 33141-4399

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0831070

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARICH, MARTHA
1408 BRICKELL BAY DRIVE #718
MIAMI FL 33131

Name

PETER VASINIUS

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

7501 EAST TREASURE DR 9F

City

NORTH BAY VILLAGE FL

Zip Code

33141

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

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

(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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MARICH, MARTHA
1408 BRICKELL BAY DRIVE #718
MIAMI FL 33131

☒ Delete

TITLE
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PETER VASINIUS
7501 EAST TREASURE DR 9F
NORTH BAY VILLAGE FL 33141

☒ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00

Date

305 861 7758

Daytime Phone #