

2000 UNIFORM BUSINESS REPORT (UBR)

57

FILED
Aug 08, 2000 8:00 am
Secretary of State

05-24-2000 90145 035 ***150.00

DOCUMENT # P98000042935
 1. Entity Name

DORELEN, INC
 Principal Place of Business Mailing Address
 75 VALENCIA AVENUE 75 VALENCIA AVENUE
 4TH FLOOR 4TH FLOOR
 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

2. Principal Place of Business SAME AS ABOVE
 3. Mailing Address SAME AS ABOVE

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country


4. FEI Number **65-1025981**
 APPLIED FOR Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 DE LA PENA, VILLANUEVA & BAJANDAS LLP
 601 BRICKELL KEY DRIVE, SUITE 705
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name **CARLOS VILLANUEVA**
 Street Address (P.O. Box Number is Not Acceptable) **75 VALENCIA AVENUE**
4TH FLOOR
 City **CORAL GABLES** FL Zip Code **33134**

DO NOT WRITE IN THIS SPACE

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  **CARLOS VILLANUEVA** 4/28/00
 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. **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	P	<input type="checkbox"/> Delete
NAME	ZACCARIA, ELENA	
STREET ADDRESS	601 BRICKELL KEY DRIVE, STE 705	
CITY - ST - ZIP	MIAMI, FL 33131	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZACCARIA, UMBERTA	
STREET ADDRESS	601 BRICKELL KEY DRIVE, STE 705	
CITY - ST - ZIP	MIAMI, FL 33131	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BAJANDAS, RICARDO	
STREET ADDRESS	601 BRICKELL KEY DRIVE, STE 705	
CITY - ST - ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACCARIA, ELENA	
STREET ADDRESS	75 VALENCIA AVENUE, 4TH FLOOR	
CITY - ST - ZIP	CORAL GABLES, FL 33134	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VILLANUEVA, CARLOS	
STREET ADDRESS	75 VALENCIA AVENUE, 4TH FLOOR	
CITY - ST - ZIP	CORAL GABLES, FL 33134	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACCARIA, UMBERTA	
STREET ADDRESS	75 VALENCIA AVENUE, 4TH FLOOR	
CITY - ST - ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:  **CARLOS VILLANUEVA** 4/28/00 305-377-0812
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)