

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083347

1. Entity Name

DORCAR INTERNATIONAL CORPORATION

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90248 001 ***476.25

Principal Place of Business

3970 NW 132 ST
BAY A
MIAMI FL 33054

Mailing Address

P.O. BOX 171268
HIALEAH FL 33017

2. Principal Place of Business

4151 NW 132 Street

3. Mailing Address

P.O. Box 171268

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Opa Locka Florida

City & State

Hialeah, FL 33017

Zip

33054

Country

USA

Zip

33017

Country

USA

4. FEI Number

65-0864726

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

BROWN-ALFARO, DOROTHY

3970 NW 132 ST

BAY A

MIAMI FL 33054

Name

Brown-Alfaro, Dorothy

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

4151 NW 132 Street

City

Opa Locka

FL

Zip Code

33054

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

Dorothy Brown-Alfaro, Dorothy Brown-Alfaro, President 4-27-2001

Signature and 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, 2001 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	BROWN-ALFARO, DOROTHY	
STREET ADDRESS	3970 NW 132 ST, BAY A	
CITY-ST-ZIP	MIAMI FL 33054	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown-Alfaro, Dorothy	
STREET ADDRESS	4151 NW 132 Street	
CITY-ST-ZIP	Opa Locka, FL 33054	
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		
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:

Dorothy Brown-Alfaro, President 4-27-2001 305-678-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)