2002	UNIFORM	BUSINESS	REPORT	(UBR
			•	•

DOCUMENT # P98000104233 1. Entity Name DORAL CONSULTING, INC.					FILED				
					02 AUG 28 AH	11:50			
Principal Place of Business Mailing Address 16286 SOUTHWEST 95TH LANE MIAMI FL 33196-4923 MIAMI FL 33196-4923				SECRETARY OF STATE TALLAHASSEE, FLORING					
2. Principal Place of Business 10231 NW 21 St Sume					-				
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
City & State MiAmi FL.		City & State		4.	FEI Number 65-0880340		plied For t Applicable		
3317	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add			
	6. Name and Address of Current F	Registered Agent		7. 1	Name and Address of New Regist	,			
AOEVEDO	111011 4.0		Name C	SAMU	MUEL DURAN				
ACEVEDO, LUCILA C Street A					ess (P.O. Box Number is Not Acceptable)				
16286 SOUTHWEST 95TH LANE MIAMI FL 33196-4923									
)		CityM	iani	•	FL Zip Code	172		
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. I am familiar with, a the obligation of registered agent.							and accept		
1	- Lumi						i		
SyGNATURE.	Sign ture, typed of printed name of progistered agent a	nd title if applicable. (NOTE: F	Registered Agent signatur	re required when re	einstating)	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 \$550.00 After September 13, 2002 Fee will be \$750. Make Check Payable to Department of Star					10. Election Campaign Financin Trust Fund Contribution.		0 May Be I to Fees		
11.	OFFICERS AND I		12. 	AC	DITIONS/CHANGES TO OFFICER				
TITLE NAME	PSTD ACEVEDO, LUCILA C	Delete	TITROVST NAME	SAM	UEL DURAN	Change	Addition		
STREET ADDRESS CITY-ST-ZIP	5900 SW 137 AVE STRI		STREET ADDRESS CITY-ST-ZIP	1023	10231 NW 21 37 MIAMI FL 33172				
TITLE	VP	₩ Delete	TITLE	171140		☐ Change	Addition		
NAME STREET ADDRESS	ZULUEYA, MERCEDES 16286 SW 95TH LANE	•	NAME STREET ADDRESS		90000762 -09/10/02	:6349-	- -1		
CITY-ST-ZIP	MIAMI FL 33196-4923		CITY-ST-ZIP		****558.	75 ****55	8.75		
TITLE		☐ Delete	TITLE			Change	☐ Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP	***		CITY-ST-ZIP						
TITLE		Delete	TITLE NAME			☐ Change	Addition		
NAME STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP		<u> </u>	,			
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition		
NAME STREET ADDRESS	2		NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP		<u> </u>				
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 specific 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 attackment with an archees, with all other tipe empowered.									

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

CR2E034 (4/02)
