

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90091 023 ***150.00

DOCUMENT # P98000107020

1. Entity Name

DORAL FLORAL, INC.

Principal Place of Business

Mailing Address

15600 SW 288TH ST., SUITE 310
 HOMESTEAD FL 33033
 US

15600 SW 288TH ST., SUITE 310
 HOMESTEAD FL 33033-1200
 US

2. Principal Place of Business

3. Mailing Address

JAMES M. GUEST CPA, P.A.
15600 S.W. 288TH STREET
SUITE 201
HOMESTEAD, FL. 33033

JAMES M. GUEST CPA, P.A.
15600 S.W. 288TH STREET
SUITE 201
HOMESTEAD, FL. 33033



DO NOT WRITE IN THIS SPACE

FEL Number **65-0884471** Applied For
 Not Applicable

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

GUEST, JAMES M
15600 SW 288TH ST., SUITE 310
HOMESTEAD FL 33033

Name
 Street **JAMES M. GUEST CPA, P.A.**
15600 S.W. 288TH STREET
 City **SUITE-201**
HOMESTEAD, FL. 33033 Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both to the State of Florida.

SIGNATURE

[Handwritten 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	PVTD SALAS, ARTURO C 15600 SW 288TH ST., SUITE 310 HOMESTEAD FL 33033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD Salas, Arturo C. 15600 SW 288 St. #201 Homestead, FL. 33033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAS, ARTURO C 15600 SW 288TH ST., SUITE 310 HOMESTEAD FL 33033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Salas, Arturo C. 15600 S.W. 288 St. # 201 Homestead, FL. 33033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Why is the fee so expensive? It's a small thing for a corp just starting out. They fee should be 75.00 if you pay in advance.

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, 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 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: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-2000 305-255-6466
 Date Daytime Phone #

CR2E034 (9/99)