

# 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

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PVTD</b><br><b>SALAS, ARTURO C</b><br><b>15600 SW 288TH ST., SUITE 310</b><br><b>HOMESTEAD FL 33033</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PVTD</b><br><b>SALAS, ARTURO C.</b><br><b>15600 SW 288 St. #201</b><br><b>Homestead, FL. 33033</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>SALAS, ARTURO C</b><br><b>15600 SW 288TH ST., SUITE 310</b><br><b>HOMESTEAD FL 33033</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>SALAS, ARTURO C.</b><br><b>15600 S.W. 288 St. # 201</b><br><b>Homestead, FL. 33033</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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*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, for the entity 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)