

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90680 017 ***150.00

DOCUMENT # P99000043939

1. Entity Name
DONSORELL, INC.



Principal Place of Business
**7700 DAVIE ROAD EXTENSION
HOLLYWOOD FL 33024**

Mailing Address
**7700 DAVIE ROAD EXTENSION
HOLLYWOOD FL 33024**

2. Principal Place of Business

321 NW 201 AVE

Suite, Apt. #, etc.

3. Mailing Address

321 NW 201 AVE

Suite, Apt. #, etc.

City & State

Pembroke Pines

Zip

33029

Country

USA

City & State

Pembroke Pines

Zip

33029

Country

USA

4. FEI Number

65-0925664

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DONATO, RICHARD T
7700 DAVIE ROAD EXTENSION
HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SOVERNS, RICKKI D**
STREET ADDRESS **321 NW 201 AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **D** ☐ Delete
NAME **FARRELL, BRENDON**
STREET ADDRESS **321 NW 201 AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **D** ☐ Delete
NAME **DONATO, RICHARD T**
STREET ADDRESS **7700 DAVIE ROAD EXTENSION**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RICKKI D SOVERNS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 9, 2003 954 450 7050
Date Daytime Phone #

CR2E034 (10/02)