

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-08-2000 90139 031 ***158.75

DOCUMENT # P99000053621

1. Entity Name

DOORDIRECT.COM, INC.

R

Principal Place of Business

7001 N WATERWAY DR #103
 MIAMI FL 33155

Mailing Address

7001 N WATERWAY DR #103
 MIAMI FL 33155-2827

307010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEL Number

65-0928609

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, LUIS E
 9060 SW 92 COURT
 MIAMI FL 33176

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.

SIGNATURE

Luis E. Martinez

Signature, type 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition
 PRESIDENT
 LOUIS R. MARTINEZ
 9060 SW 92 CT
 MIAMI FL 33176

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

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:

Luis E. Martinez Luis E. Martinez - Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305/262-0732
 4/24/00

CR2E034 (9/99)