

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91602 004 ***150.00

DOCUMENT # P99000055635
1. Entity Name
DORAL PARK, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
150 ALHAMBRA CIRCLE
Suite, Apt. #, etc.
SUITE # 1240
City & State
CORAL GABLES
Zip
33134 Country
MIAMI DADE

3. Mailing Address
Suite, Apt. #, etc.
SAME
City & State
SAME
Zip
33134 Country
MIAMI DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-097-4389 ☒ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MARIO FERNANDEZ
Street Address (P.O. Box Number is Not Acceptable)
150 ALHAMBRA CIRCLE
SUITE # 1240
City
CORAL GABLES 33134 FL Zip Code
33134

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 Mario Fernandez - MARIO FERNANDEZ - PRESIDENT 5/19/2002
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>PRESIDENT</u> <u>MARIO FERNANDEZ</u> <u>150 ALHAMBRA CIRCLE SUITE # 1240</u> <u>CORAL GABLES, FLA., 33134</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mario Fernandez - MARIO FERNANDEZ 5/20/02 (305) 461-0494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #