2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

DORI'S, INC.

P99000062854



Principal Place of Business

8004 NW 103RD STREET HIALEAH GARDENS FL 33016

2. Principal Place of Business

Mailing Address

3. Mailing Address

8004 NW 103RD STREET HIALEAH GARDENS FL 33016

FILED

Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90177 023 ***150.00

SCOOL MINS Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 91-1986676 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required ... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FIGUEREO, DORA 8004 NW 103RD STREET HIALEAH GARDENS FL 33016 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 ager SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Change Addition TITLE ≥ Delete DENISE L. DIAZ FIGUEREO, DORA NAME NAME 8004 N.W. 103 St. HIGHEAH GARDENS, FL 33016 8004 NW 103RD STREET STREET ADDRESS STREET ADDRESS HIALEAH GARDENS FL 33016 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE HON R. DIAZ NUS 103 RD. STREET NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALEAH GARDENS, FT CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITI F Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Addition TITLE Delete TITLE ☐ Change

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 rustee empowered to execute this report as required by chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the changed, or on an attack rustee empow

CITY-ST-7IP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-7IP