

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

0253694

DOCUMENT # P99000100896

04-03-2001 90035 042 ***150.00

1. Entity Name

DORIN & DORIN REALTY, INC.

Principal Place of Business

Mailing Address

**1902 N.W. 29TH STREET
 OAKLAND PARK FL 33311**

**1902 N.W. 29TH STREET
 OAKLAND PARK FL 33311**

60040403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

**DORIN, RICHARD
 1902 NW 19 ST
 OAKLAND PARK FL 33311**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	DORIN, RICHARD	
STREET ADDRESS	1902 N.W. 29TH STREET	
CITY-ST-ZIP	OAKLAND PARK FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	DORIN, DEBORAH	
STREET ADDRESS	1902 N.W. 29TH STREET	
CITY-ST-ZIP	OAKLAND PARK FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	DORIN, RACHAEL	
STREET ADDRESS	1902 N.W. 29TH STREET	
CITY-ST-ZIP	OAKLAND PARK FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Richard Dorin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-01 954-714-0040
 Date Daytime Phone #

CR2E034 (10/00)