

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102733

1. Entity Name

DORAL ADVANCE, CORP.

Principal Place of Business

7220 N.W. 36 STREET
STE. 101
MIAMI FL 33166

Mailing Address

7220 N.W. 36 STREET
STE. 101
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0964542

Applied For

Not Applicable

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

~~CORREAL, JOSE L~~
~~4081 HOLLY CT.~~
~~WESTON FL 33331~~

Name

Elga P. Correal

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

7220 N.W. 36 St. No. 101

City

Miami

FL

Zip Code 33166

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

Elga P. Correal

Elga P. Correal

02/05/01

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)

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	PD	<input checked="" type="checkbox"/> Delete
NAME	CORREAL, JOSE L	
STREET ADDRESS	7220 N.W. 36 ST., STE. 101	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CORREAL, ELGA PATRICIA	
STREET ADDRESS	7220 N.W. 36 ST., STE. 101	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROMERO, ALVARO	
STREET ADDRESS	7220 N.W. 36 ST., STE. 101	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROMERO, MARGARITA	
STREET ADDRESS	7220 N.W. 36 ST., STE. 101	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elga P. Correal	
STREET ADDRESS	7220 N.W. 36 St. No. 101	
CITY-ST-ZIP	Miami, Fl. 33166	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margarita Romero	
STREET ADDRESS	7220 N.W. 36 St. No. 101	
CITY-ST-ZIP	Miami, Fl. 22166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Elga P. Correal*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELGA P. CORREAL PRESIDENT

02/05/01

Date

(305) 436-5374

Daytime Phone #

CR2E034 (10/00)