

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State
 03-03-2000 90206 046 ***150.00

DOCUMENT # S21530

1. Entity Name
DORALCO NO. 3, INC.

Principal Place of Business	Mailing Address
ELBERT PLACE FL 34758	4800 ELBERT PLACE KISSIMMEE FL 34758-2807 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3057278	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, NORMAN J. ESQ.
1201 W. EMMETT STREET
KISSIMMEE FL 34741

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT	TITLE	
NAME	ABULAFIA, VICTOR	NAME	
STREET ADDRESS	4800 ELBERT PL	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV	TITLE	
NAME	ABULAFIA, ELIYAHU	NAME	
STREET ADDRESS	4800 ELBERT PLACE	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DVS	TITLE	
NAME	YOSCHPE, JAIME	NAME	
STREET ADDRESS	4800 ELBERT PLACE	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV	TITLE	
NAME	ROSENTHAL, AMOS	NAME	
STREET ADDRESS	4800 ELBERT PLACE	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: X **SIGNATURE REQUIRED** **Abulafia** **2/14/00** **407/846-0550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)