## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9900009979						01-30-2001 90028 026 ****61.25				
DOSAL MARKETING CORPORATION						01 MAR 21	PM I	: 34		
						SECRETARY TALLAHASSE	OF ST	ATE		
Principal Place of Business Mailing Address .						IALLAHASSEE	FLO	RIDA		
4775 NW 132 STREET OPA LOCKA FL 33054 OPA LOCKA FL 33054										
<u> </u>		<b>&gt;</b>					i Min mi	6 1 <b>3</b> 81 1398 1	1112 (111) (111)	
2. Principal	Place of Business	3. Malling Address								
Suite, Apr	l. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		· City & State			4.	FEI Number 65-0892500	Applied For Not Applicable			
Zip	Country	Zip Coun		try	5.	Certificate of Status Desired		8.75 Ac	ditional	٦
	6. Name and Address of Current	Registered Agent	l		7.	Name and Address of New Regi				1
	The second secon			Name .	•				a 一克-,· ,	-
SAENZ, RAUL M   8180 N.W. 36 STREET #100   MIAMI FL 33166			į	Street Addres	s (P.O. l	Box Number is Not Acceptable)			· · · · · · · · · · · · · · · · · · ·	_
MIA	MI FL 33100			City			P-1	Zip Coo		-
	<del></del>			<u> </u>			FL	1 2 3 0 0 0	<del></del>	_
8. The above	named entity submits this statement for	r the purpose of changing its	registere	ed office or regist	tered ag	ent, or both, in the State of Florida	١.			}
SIGNATURE	Signature, typed or printed name of registered agent is	ind title if applicable. (NOTE	Registered	i Agent signature requi	red when n	einstating)	DATE	<u></u>	<del></del>	
· 9 This com	oration is eligible to satisfy its Intangible	· <del> </del> · · · · · · · · · · · · · · · · · · ·							<del></del>	┨
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2001 Fee will be \$3 Make Check Payable to Departmen				10. Election Campaign Financ Trust Fund Contribution.	ing 🗀	<b>\$5.0</b> Adde	O May Be d to Fees	
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICE	RS AND E	IRECTOR	S IN 11	1_
NAME STREET ADDRESS CITY-ST-ZIP	P OWEN, MARGARITON D 798 NE 98 STREET MIAM! SHORES FL 33138	Delete		1		500003 -04/0:	95	231	Addition	- 3
TITLE	S	☐ Delate	TITLE	<del></del> -		**************************************	<del>88.7</del>	Change	Addition	18
NAME	OWEN, MARK		NAME			**,		,	<del></del>	10
STREET ADDRESS CITY-ST-ZIP	798 N.E 98 STREET			T ADDRESS						
TITLE	MIAMI SHORES FL 33138	Delete	TITLE	ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Change	☐ Additlen	┨
NAME	DOSAL, GEORGE		NAME							
STREET ADDRESS CITY-ST-ZIP	14770 NW 10ST			T ADDRESS ST-ZIP						
TITLE	PEMBROKE PINES FL	☐ Delete	TITLE	31-417		<del>,,,,,,</del>		Change	☐ Addition	┨
NAME		C Delete	NAME				`	T evendo	C Addition	
STREET ADORESS CITY-ST-ZIP			STREE City-	T ADDRESS ST-ZIP		,				
MITE		☐ Oelete	TITLE		_			Change	Addition	1
NAME STREET ADDRESS	•		NAME STREET	T ADDRESS		111	1	-		
CITY-ST-ZIP	<u> </u>		CITY-S	ST-ZIP		1/1/1/1/1/				
TITLE NAME		☐ Delete	TITLE NAME		/			_ Change	Addition	
STREET ADDRESS				ADDRESS		///// // // ·		2	21/01	
CITY-ST-ZIP			CITY-S		1	WV X III		<b>-</b> 9		
of the corr	ertify that the information supplied with t on this report or supplemental report is l oration or the (aceiver or trustee empoy or on an attachment with an address, wi	vered to execute this report a								-
SIGNAT		INTED NAME OF SIGNING OFFICER O	R DIRECTO	A		Date	Dayti	me Phone #		