

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 260237

1. Entity Name

DOSAL TOBACCO CORPORATION

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90082 011 ***150.00

016767 AV

Principal Place of Business

4775 NW 132 STREET
BAY 2
OPA LOCKA FL 33054

Mailing Address

4775 NW 132 STREET
BAY 2
OPA LOCKA FL 33054



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0979845

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RJVF CORPORATE SERVICES INC.
200 SOUTH BISCAYNE BOULEVARD
#4100
MIAMI FL 33131

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

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, 2002 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

TITLE VP
NAME DOSAL, GEORGE
STREET ADDRESS 19770 N.W. 10TH ST
CITY-ST-ZIP PEMBROKE PINES FL ☐ Delete

TITLE PSTC
NAME DOSAL, MARGARITA C
STREET ADDRESS 1551 N.E. 103RD ST
CITY-ST-ZIP MIAMI SHORES FL 33138 ☐ Delete

TITLE D
NAME DOSAL, MARGARITA C
STREET ADDRESS 1551 N.E. 103RD ST
CITY-ST-ZIP MIAMI SHORES FL 33138 ☐ Delete

TITLE EVP
NAME OWEN, MARGARITA V
STREET ADDRESS 798 N.E. 98TH STREET
CITY-ST-ZIP MIAMI SHORES FL ☐ Delete

TITLE VP
NAME OWEN, MARK
STREET ADDRESS 798 N.W. 103RD ST
CITY-ST-ZIP MIAMI SHORES FL 33138 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Margarita Dosal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02

Date

(305) 685-2949

Daytime Phone #

CR2E034 (9/01)