AMENDED – 2002 –

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 APR 16 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 260237

1. Entity Name

DOSAL TOBACCO CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4775 N.W. 132 Street	4775 N.W. 132 Street
Suite, Apt. #, etc.: Bay 2	Suite, Apt. #, etc.: Bay 2
City & State: Opa Locka FL	City & State: Opa Locka FL
Zip: 33054 Country: USA	Zip: 33054 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-0979845 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CorporateoInternational Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd. #4100

City: Miami FL Zip Code: 33131

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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/C/S/T Dosal, Margarita 4775 N.W. 132 Street Opa Locka, FL 33054
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/ D Dosal, George 4775 N.W. 132 Street Opa Locka, FL 33054
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dosal, Miriam 4775 N.W. 132 Street Opa Locka, FL 33054
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bolton, Beatriz c/o 4775 N.W. 132 Street Opa Locka, FL 33054
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: George Dosal 4-10-02 (305) 685-2949

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