

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009028

1. Entity Name

DOS MAR CORPORATION

Principal Place of Business

1325 NW 118 ST
MIAMI FL 33167
US

Mailing Address

1325 NW 118 ST
MIAMI FL 33167
US

2. Principal Place of Business

1325 NW 118 ST
Suite, Apt. #, etc.

3. Mailing Address

1325 NW 118 ST
Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FLA

Zip

33167

Country

USA

Zip

33167

Country

USA

6. Name and Address of Current Registered Agent

PUENTES, MARGARITO
1325 N.W. 118TH STREET
MIAMI FL 33167

4. FEI Number

65-0644116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 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

TITLE PTD ☐ Delete
NAME PUENTES, MARGARITO
STREET ADDRESS 1325 N.W. 118TH ST.
CITY-ST-ZIP MIAMI FL 33167

TITLE SVD ☐ Delete
NAME PUENTES, MARIA
STREET ADDRESS 1325 N.W. 118TH ST.
CITY-ST-ZIP MIAMI FL 33167

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90058 014 ***150.00

655149



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)