

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009979

1. Entity Name

DOSAL MARKETING CORPORATION

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90092 002 ***150.00

Principal Place of Business

Mailing Address

~~19700 N.W. 19 AVE.~~
~~OPA LOCKA FL 33054~~

~~19700 N.W. 19 AVE.~~
~~OPA LOCKA FL 33054-4232~~

2. Principal Place of Business

3. Mailing Address

4775 NW 132 Street

4775 NW 132 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami

4. FEI Number

65-0892500

Applied For

Not Applied For

Zip

33054

Country

Dade

Zip

33054

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAENZ, RAUL M
8180 N.W. 36 STREET #100
MIAMI FL 33166

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, 2000 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 ☐ Delete
NAME Owen, Margarita D.
STREET ADDRESS 798 NE 98 Street
CITY-ST-ZIP Miami Shores, FL 33138

TITLE ☐ Delete
NAME Owen, Mark
STREET ADDRESS 798 N.E 98 Street
CITY-ST-ZIP Miami Shores, FL 33138

TITLE ☐ Delete
NAME Vice president
STREET ADDRESS Dosal, George
CITY-ST-ZIP 14770 NW 105T
Pembroke Pines, FL

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

☐ Change ☐ Addition

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

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

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 685-2946

1-14-2000