(9/01)

CR2E034

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 24, 2002 8:00 am DOCUMENT # P99000009979 **Secretary of State** 1. Entity Name 02-24-2002 90058 018 \*\*\*150.00 DOSAL MARKETING CORPORATION Principal Place of Business Mailing Address 4775 NW 132 STREET 4775 NW 132 STREET OPA LOCKA FL 33054 OPA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0892500 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEORGE DOSAL -OWEN: MARGARITA D Street Address (P.O. Box Number is Not Acceptable) #775 N.W. 132 STREET 4775 N.W. 132 STREET OPA LOCKA FL 33054 33054 LOCKA 8. The above na apt entity su ts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Addition TITLE Delete MARGARITA DOSAL OWEN, MARGARITON D NAME NAME 798 NE 98 STREET 155INE 103rd Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI SHORES FL 33138 CITY-ST-7IP MIRMI SHORES, FL TITLE TITLE Change Addition OWEN, MARK NAME NAME STREET ADDRESS 798 N.E 98 STREET STREET ADDRESS CITY-ST-ZIP MIAMI SHORES FL 33138 CITY-ST-ZIP VP/D Addition TITLE ☐ Delete TITLE Change Dosal, George NAME DOSAL, GEORGE NAME 14770 NW 105T. STREET ADDRESS 14770 NW 10ST STREET ADDRESS CITY-ST-ZIP + PEMBROKE PINES FL CITY-ST-ZIP PEMBROKE PINES ,FL TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplies with this fling 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 eath; that I am an officer or director of the corporation or the receiver or trusted ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachmen

other like empowered