

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-25-2000 90092 001 ***150.00

DOCUMENT # 260237

1. Entity Name

DOSAL TOBACCO CORPORATION

Principal Place of Business

Mailing Address

~~13700 N.W. 19TH AVENUE~~
~~BAY 2~~
~~OPA-LOCKA FL-33054~~

13700 N.W. 19TH AVENUE
 BAY 2
 OPA-LOCKA FL-33054-4232

2. Principal Place of Business

4775 NW 132 Street
 Suite, Apt. #, etc.

3. Mailing Address

4775 NW 132 Street
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami

City & State

Miami

4. FEI Number

59-0979845

Applied For

Not Applied

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

DOSAL, MARGARITA
1551 NE 103 ST
MIAMI SHORES FL 33138

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VD	DOSAL GEORGE	19770 NW 10 ST	PEMBROKE PINES FL	<input type="checkbox"/>
PC	DOSAL, MARGARITA	1551 NE 103 ST	MIAMI SHORES FL	<input type="checkbox"/>
EVP	OWEN, MARGARITA D.	301 NE 102 STREET	MIAMI SHORES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Additio
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Secretary		798 N.E 98 Street		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

MARGARITA D. OWEN

1-14-2000

Date

Daytime Phone #

(305) 685-8840