

2001 UNIFORM BUSINESS REPORT (UBR)

0616535

DOCUMENT # 260237

FILED 01 MAR 21 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
DOSAL TOBACCO CORPORATION

Principal Place of Business Mailing Address
4775 NW 132 STREER 4775 NW 132 STREER
OPA LOCKA FL 33054 BAY 2
OPA LOCKA FL 33054

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-0979845** Applied For
Not Applicable

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 _____ 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)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DOSAL GEORGE	
STREET ADDRESS	19770 NW 10 ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	PC	<input checked="" type="checkbox"/> Delete
NAME	DOSAL, MARGARITA	
STREET ADDRESS	1551 NE 103 ST	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	OWEN, MARGARITA D.	
STREET ADDRESS	798 NE 98 STREET	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300003952313	
CITY-ST-ZIP	-04/03/01--01020--002 *****88.75 *****88.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/8/00)

[Handwritten Signature]
3/21/01