

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

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05-01-2003 90321 040 ***150.00

DOCUMENT # F02000005849



1. Entity Name
ALTADIS MANAGEMENT SERVICES CORPORATION

Principal Place of Business
**5900 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33309**

Mailing Address
**5900 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33309**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **01-0610671**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ELLIS, GARY R
5900 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Delete
NAME	FOLZ, THEO	
STREET ADDRESS	5900 N. ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLIS, GARY R	
STREET ADDRESS	5900 N. ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	CEDENO, JHONNY	
STREET ADDRESS	5900 N. ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	SETRAKIAN, BERGE	
STREET ADDRESS	200 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10166	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FOLZ, THEO	
STREET ADDRESS	200 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10166	
TITLE	VPCF	<input checked="" type="checkbox"/> Delete
NAME	ELLIS, GARY R	
STREET ADDRESS	200 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10166	

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)