

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90037 042 \*\*\*150.00

**DOCUMENT # F97000001679**

1. Entity Name

**CONSOLIDATED CIGAR HOLDINGS INC.**

Principal Place of Business

Mailing Address

**5900 N. ANDREWS AVE  
FT LAUDERDALE FL 33309****5900 N. ANDREWS AVE  
FT LAUDERDALE FL 33309-2367**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **13-3694743**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTS  
ELLIS, GARY R  
5900 N. ANDREWS AVE  
FT LAUDERDALE FL 33309** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
PARNOFIELLO, JAMES M  
5900 N. ANDREWS AVE  
FT LAUDERDALE FL 33309** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
FOLZ, THEO W  
35 E 62ND ST  
NY NY 10021** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT  
ELLIS, Gary R  
5900 N. Andrews Ave  
Ft. Lauderdale FL 33309** ☒ Change ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
Philippe Gravier  
5900 N. Andrews Ave  
Ft. Lauderdale FL 33309** ☐ Change ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Jean-Dominique Comolli  
5900 N. Andrews Ave  
Ft. Lauderdale FL 33309** ☐ Change ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Charles Lebeau  
5900 North Andrews Ave  
Ft. Lauderdale FL 33309** ☐ Change ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Eric Albrand  
5900 North Andrews Ave  
Ft. Lauderdale FL 33309** ☐ Change ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Delete

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 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**Gary R. ELLIS** 2-4-00 (954) 772-9001

Date

Daytime Phone #