

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000003853**

1. Entity Name

THE WORLD OF MONTECRISTO RELIEF ORGANIZATION, IN

Principal Place of Business

Mailing Address

**C/O CONSOLIDATED CIGAR CORPORATION
5900 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309-2369****C/O CONSOLIDATED CIGAR CORPORATION
5900 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309-2367**

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

65-0929260

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****CONSOLIDATED CIGAR CORPORATION
5900 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309-2369**

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

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Delete
NAME	WARGO, TOM	
STREET ADDRESS	206 ASH COURT	
CITY-ST-ZIP	WEXFORD PA 15090	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUIGLEY, DANA	
STREET ADDRESS	2670 TECUMSEH DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	P	<input type="checkbox"/> Delete
NAME	FOLZ, THEO	
STREET ADDRESS	5900 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309-2369	
TITLE	S	<input type="checkbox"/> Delete
NAME	ELLIS, GARY R	
STREET ADDRESS	5900 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309-2369	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARNOFIELLO, JIM	
STREET ADDRESS	5900 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309-2369	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLUCCI, JAMES L	
STREET ADDRESS	10374 STONEBRIDGE BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33498-6407	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED**Gary R. Ellis**

Date

Daytime Phone #

2-4-00 (954) 772-9000**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90037 045 ****61.25



DO NOT WRITE IN THIS SPACE