

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90022 028 \*\*\*\*61.25

DOCUMENT # **F99000003853**

1. Entity Name

**THE WORLD OF MONTECRISTO RELIEF ORGANIZATION, IN C.**

Principal Place of Business

**C/O ALTADIS USA INC  
5900 NORTH ANDREWS AVENUE  
FORT LAUDERDALE FL 33309-2369**

Mailing Address

**C/O ALTADIS USA INC  
5900 NORTH ANDREWS AVENUE  
FORT LAUDERDALE FL 33309-2369**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0929260**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALTADIS USA INC  
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 NAME  Delete  
**D WARGO, TOM**  
STREET ADDRESS **206 ASH COURT**  
CITY-ST-ZIP **WEXFORD PA 15090**

TITLE NAME  Change  Addition  
**D LAORETTI, LARRY**  
STREET ADDRESS **10567 WHOOPING CRANE WAY**  
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE NAME  Delete  
**D QUIGLEY, DANA**  
STREET ADDRESS **2670 TECUMSEH DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE NAME  Change  Addition  
**D MORGAN, WALTER T.**  
STREET ADDRESS **136 GOVERNORS ROAD**  
CITY-ST-ZIP **PONTE-VEDRA BEACH, FL 32082**

TITLE NAME  Delete  
**P FOLZ, THEO**  
STREET ADDRESS **5900 NORTH ANDREWS AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309-2369**

TITLE NAME  Change  Addition  
  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
**S ELLIS, GARY R**  
STREET ADDRESS **5900 NORTH ANDREWS AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309-2369**

TITLE NAME  Change  Addition  
  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
**T PARNOFIELLO, JIM**  
STREET ADDRESS **5900 NORTH ANDREWS AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309-2369**

TITLE NAME  Change  Addition  
**PARNOFIELLO, JAMES M.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
**D COLUCCI, JAMES L**  
STREET ADDRESS **10374 STONEBRIDGE BLVD.**  
CITY-ST-ZIP **BOCA RATON FL 33498-6407**

TITLE NAME  Change  Addition  
  
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 617, 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:

*James Parnofiello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02/18/02**

Daytime Phone # **954 772-9000**

CR2E037 (9/01)