

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90040 041 ****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

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **WARGO, TOM**
STREET ADDRESS **206 ASH COURT**
CITY-ST-ZIP **WEXFORD PA 15090**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 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 Parnofello

4/23/03 (954) 772-9000

CR2E037 (10/02)