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FILED
Aug 04, 2002 8:00 am
Secretary of State
05-17-2002 90034 042 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000080569

1. Entity Name
~~TOBACCO CENTER DISCOUNT~~
FINE CIGARS INC.

DO NOT WRITE IN THIS SPACE

7/24/02

40550

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9340 S.W. 56 Street	9340 S.W. 56 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami, Fl 33165	Miami, Fl 33165
City & State	City & State
Zip 33165 Country USA	Zip 33165 Country USA

4. FEI Number 651129810 — Applied For / Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ali F. Morad

Street Address (P.O. Box Number is Not Acceptable): 9340 S.W. 56 th Street

City: Miami FL Zip Code: 33165

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: DIANA Z. MORAD, Vice President DATE: 4/24/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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	PRESIDENT
NAME	Diana Z. MORAD
STREET ADDRESS	9340 S.W. 56 Street
CITY-ST-ZIP	Miami, Fl. 33165
TITLE	VICE PRESIDENT
NAME	ALI F. MORAD
STREET ADDRESS	9340 SW 56 ST.
CITY-ST-ZIP	Miami, Fl. 33165
TITLE	Secretary
NAME	(VACANT)
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Treasurer
NAME	(Vacant)
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/24/02 (786) 263-0023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #