

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90231 050 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000080569 1. Entity Name FINE CIGARS, INC.		 11034999																								
Principal Place of Business 5940 SW 56TH STREET MIAMI, FL 33165 16794 SW 88 ST. #183 MIAMI, FL 33196		Mailing Address 9340 SW 66TH STREET MIAMI, FL 33165 16794 S.W. 88th St. #183 MIAMI, FL 33196																								
2. Principal Place of Business 16794 SW 88 Street Suite, Apt. #, etc. #183		3. Mailing Address 16794 SW 88 Street Suite, Apt. #, etc. #183																								
City & State MIAMI, FL		City & State MIAMI, FL																								
Zip 33196	Country USA	Zip 33196																								
Country USA		4. FEI Number 65-1129810																								
5. Name and Address of Current Registered Agent MORAD, ALI F 9340 SW 66TH STREET MIAMI, FL 33165 16794 S.W. 88 ST. #183 MIAMI, FL 33196		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code																								
6. 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 date of application (MORE Registered Agent signature required when reporting)																										
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: center;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; padding: 2px;"> TITLE VP NAME MORAD, ALI F STREET ADDRESS 9340 SW 66TH STREET CITY-ST-ZIP MIAMI, FL 33165 </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> </tbody> </table>			10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE VP NAME MORAD, ALI F STREET ADDRESS 9340 SW 66TH STREET CITY-ST-ZIP MIAMI, FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 607, 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: _____ Signature, typed or printed name of reporting officer or director																										

4/26/03 (305) 752-2699