2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachp

TURE AND TYPED OR PRINTED NAME OF SIGNING OF

SIGNATURE:

Feb 19, 2002 8:00 am DOCUMENT # F99000001721 **Secretary of State** 1. Entity Name 02-19-2002 90027 028 ***158.75 LOS BLANCOS CIGAR COMPANY Principal Place of Business Mailing Address 4331 N. HAMLIN AVE 4331 N. HAMLIN AVE CHICAGO IL 60618-1001 CHICAGO IL 60618-1001 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-4278840 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Name BLANCO, FRANCISCO E Street Address (P.O. Box Number is Not Acceptable) 1005 CHEROKEE ST. SAFETY HARBOR FL 34695 City 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PCD CR2E034 (9/01 TITLE ☐ Detete TITLE Addition NAME BLANCO, CESAR A NAME 4331 N. HAMLIN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL TITLE Delete TITLE ☐ Change ☐ Addition VD NAME BLANCO, FRANCISCO E NAME STREET ADDRESS 1005 CHEROKEE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAFETY HARBOR FL TITLE Delete TITLE ☐ Change Addition STD NAME BLANCO, DAVID A STREET ADDRESS 4616 N. SACRAMENTO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 received strustee empoweled to accurate into eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if