

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

0421929 AV

04-10-2002 90024 049 \*\*\*150.00

**DOCUMENT # G76808**  
 1. Entity Name  
**LUIS MARTINEZ CIGAR COMPANY**

Principal Place of Business <b>2701 16TH STREET TAMPA FL 33605</b>	Mailing Address <b>2701 16TH STREET TAMPA FL 33605</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2415830</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

**6-Name and Address of Current Registered Agent**  
**NEWMAN, STANFORD J.**  
**2701-16TH STREET**  
**TAMPA FL 33605**

**7-Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 <b>CD</b>	<input type="checkbox"/> Delete
NAME <b>NEWMAN, STANFORD J.</b>	
STREET ADDRESS <b>3435 BAYSHORE, #800 NORTH</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete
NAME <b>NEWMAN, ROBERT C.</b>	
STREET ADDRESS <b>3102 BEACH DRIVE</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>NEWMAN, ERIC M.</b>	
STREET ADDRESS <b>401 ROYAL POINCIANA DR.</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>TS</b>	<input checked="" type="checkbox"/> Delete
NAME <b>PURVIS, ROBERT E.</b>	
STREET ADDRESS <b>7416 HEATHER OAKS PL</b>	
CITY-ST-ZIP <b>TAMPA FL 33647</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>TS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Coxbill, Shira D</b>	
STREET ADDRESS <b>4829 W Flamingo Road</b>	
CITY-ST-ZIP <b>Tampa, FL 33611</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **3/26/02** **813-248-2124**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)