

2001 UNIFORM BUSINESS REPORT (UBR)

0009973 AF

DOCUMENT # L00000000663

1. Entity Name
EVERGLADES TOBACCO, LLC

FILED

01 MAY -2 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4960 S.W. 72ND AVE.
SUITE 308
MIAMI FL 33155

Mailing Address

4960 S.W. 72ND AVE.
SUITE 308
MIAMI FL 33155

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

65-0985002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, MICHAEL
328 MINORCA AVE.
SECOND FLOOR
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

APRIL 2, 2001

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100004316321--0
-05/25/01--01017--003
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME PRESIDENT
STREET ADDRESS CESAR GAFARO
CITY-ST-ZIP 13273 SW 146 ST.
MIAMI, FL 33186 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MANAGING MEMBER ☐ Change ☒ Addition
STREET ADDRESS CESAR GAFARO
CITY-ST-ZIP 13273 SW 146 ST.
MIAMI, FLORIDA 33186

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)