

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90061 015 ****50.00

DOCUMENT # L02000011441

1. Entity Name
CENTURION TOBACCO, LLC



Principal Place of Business

**C/O EDUARDO A. FERNANDEZ
3010 N.W. 79TH AVE.
MIAMI FL 33122**

Mailing Address

**C/O EDUARDO A. FERNANDEZ
3010 N.W. 79TH AVE.
MIAMI FL 33122**

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

In process of obtaining it.

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, PEDRO A
1221 BRICKELL AVE., STE. 2100
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **DICKENSON, DAVID B.**
Street Address (P.O. Box Number is Not Acceptable)
980 N. FEDERAL HWY. (SUITE 410)
City **BOCA RATON,** FL Zip Code **33432**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David B. Dickenson

2/11/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR PRESIDENT / D** ☐ Delete
NAME **FERNANDEZ, EDUARDO A**
STREET ADDRESS **3010 N.W. 79TH AVE.**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **VICE PRESIDENT / D** ☐ Delete
NAME **3010 N.W. 79TH AVE.**
STREET ADDRESS **MIAMI, FLORIDA**
CITY-ST-ZIP **33122** **PAUL PALMER**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 REQUIRED **Palmer**

2/10/03

Date

Daytime Phone #

CR2E083 (10/02)