

2001 UNIFORM BUSINESS REPORT (UBR)

0033046 IN

DOCUMENT # **L99000006172**

FILED

1. Entity Name
AMERICAN THRUST TOBACCO, L.L.C.

01 APR -3 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

AMERICAN THRUST TOBACCO LLC
2 CHAMPLAIN ST
ROUSES POINT NY USA
12979-1503



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing

AMERICAN THRUST TOBACCO LLC #, etc.
2 CHAMPLAIN ST
ROUSES POINT NY USA
12979-1503

4. FEI Number **APPLIED FOR**
52-2218 252
Applied For
Not Applicable

5. Certificate of Status Desired? **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLOUCHA, L.M.
C/O ATKINSON, DINER, STONE
1946 TYLER STREET
HOLLYWOOD FL 33020

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 **RAYMOND SMUK LIMITED PARTNER** *Raymond Smuk* **10 MAR 2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

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

9. PARTNERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LIMITED PARTNER <input type="checkbox"/> Delete SMUK, RAYMOND 65 BRUNSWICK SUITE 115, QUEBEC H9B -2N4 MGRM	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800003994518--5 -04/12/01--01073--007 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete LIMITED PARTNER 9065-2314 QUEBEC INC. 65 BRUNSWICK SUITE # 115 DOLLARD DES ORMEAUX QC H9B 2N4 MGRM	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Raymond Smuk* **LIMITED PARTNER** **10 MAR 01** (518) 297-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)