2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000013737

City-St-Zip:

PLANTATION, FL 33324

Entity Name: NORTH AMERICAN TOBACCO IMPORT COMPANY

FILED Apr 28, 2002 8:00 AM Secretary of State

Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
SUITE 258	INE ISLAND R ON, FL 33324				
	•		Name Basilia a Autor as	_	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
% 300 S PINE ISLAND ROAD SUITE 258 PLANTATION, FL 33324			11900 BISCAYNE BLVI SUITE 520 MIAMI, FL 33181		
FEI Number:	65-0986715	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SUITE 258	E ISLAND ROA				
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR					
	Electror	ic Signature of Registered Ag	ent	Date	
		o satisfy its Intangible Tax filing red g Trust Fund Contribution ().	uirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GIELCHINSKY	AND ROAD SUITE 258	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HECKER, ARN	AND ROAD SUITE 258	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	GOTTLIEB, MIT	Delete CHELL AND ROAD SUITE 258	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ARNOLD HECKER VPSD 04/28/2002