

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90037 012 ***150.00

0321720 AV

DOCUMENT # P00000053472

1. Entity Name

LEADER TOBACCO CO., INC.

Principal Place of Business

**4800 SW 51ST STREET SUITE 106
DAVIE FL 33314**

Mailing Address

**4800 SW 51ST STREET SUITE 106
DAVIE FL 33314**

2. Principal Place of Business

4100 North Powerline Road

3. Mailing Address

4100 North Powerline Road

Suite, Apt. #, etc.

J 5

Suite, Apt. #, etc.

J 5

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

65-1011301

Applied For

Not Applicable

Zip

33073

Country

U.S.A.

Zip

33073

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAMAN, ANDRE

4800 SW 51ST STREET SUITE 106

DAVIE FL 33314

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4100 North Powerline Road, suite J 5

City

Pompano Beach

FL

Zip Code

33073

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

ANDRE MAMAN

01/10/2002

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PSD** ☐ Delete
NAME **MAMAN, MYRA**
STREET ADDRESS **4800 SW 51ST STREET SUITE 106**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE **VP** ☐ Delete
NAME **MAMAN, ANDRE**
STREET ADDRESS **4800 SW 51ST STREET STE 106**
CITY-ST-ZIP **FORT-LAUDERDALE FL 33314**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4100 North Powerline Road, suite J 5**
CITY-ST-ZIP **Pompano Beach, FL 33073**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4100 North Powerline Road, suite J 5**
CITY-ST-ZIP **Pompano Beach FL, 33073**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]
ANDRE MAMAN

01/10/2002

954-590 2575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CPRE034 (9/01)