2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 08, 2001 8:00 am DOCUMENT # P00000079570 **Secretary of State** 05-14-2001 90275 011 ***150.00 BEST TOBACCO CORPORATION Principal Place of Business Mailing Address 5100 LAKEVIEW DRIVE 5100 LAKEVIEW DRIVE MIAMI BEACH FL 33:40 MIAMI BEACH FL 33140 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDAZI DE OLIVEIRA, CRISTINA (P.O. Box Number is Not Acceptable) BRICKEL Ave 2701 LE JEUNE ROAD **SUITE 345 CORAL GABLES FL 33134** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE Oelete TITLE ☐ Change TAYARA, NAJIB NAME NAME STREET ADDRESS 444 BRICKELL AVENUE #55-462 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Addition **X** Delete FERREGUR FLUDGATE, MARIA NAME NAME STREET ADDRESS 5100 LAKEVIEW DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP **Addition** TITLE ☐ Defete MEY TAYARA NAME NAME STREET ADDRESS STREET ADORESS 444-BRICKELL-ANE CITY-ST-ZIP CHTY-ST-ZIP MIAMI FL 33/3) TITI F ☐ Chance ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 epopt 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.

NAME OF SIGNING OFFICER OR I RECTOR

5/14

FILED