

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90041 024 ***150.00

DOCUMENT # P00000081400

1. Entity Name

CIGARETTE KINGDOM, CORP.

Principal Place of Business

7040 NW 179 ST APT 205
 MIAMI FL 33015

Mailing Address

7040 NW 179 ST APT 205
 MIAMI FL 33015

2. Principal Place of Business

1024 71ST ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL.

City & State

Zip

33141

Country

U.S.A.

Country

4. FEI Number

65-1072223

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BORRELL, LILLIAN
 7040 NW 179 ST APT 205
 MIAMI FL 33015

7. Name and Address of New Registered Agent

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

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

(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, 2001 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 **D** ☐ Delete
 NAME **BORRELL, JAIME J**
 STREET ADDRESS **7040 NW 179 ST APT 205**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **D** ☐ Delete
 NAME **BORRELL, LILLIAN**
 STREET ADDRESS **7040 NW 179 ST APT 205**
 CITY-ST-ZIP **MIAMI FL 33015**

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 **P.** ☒ Change ☐ Addition
 NAME **BORRELL, JAIME**
 STREET ADDRESS **7040 NW 179 ST. #205**
 CITY-ST-ZIP **MIAMI, FL 33015**

TITLE **S.T.** ☒ Change ☐ Addition
 NAME **BORRELL, LILLIAN**
 STREET ADDRESS **7040 NW 179 ST. #205**
 CITY-ST-ZIP **MIAMI, FL 33015**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIIME BORRELL,
PRESIDENT

Date

2/9/01

Daytime Phone #

305-993-5251

CR2E034 (10/00)

0097842