

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90044 049 ***150.00

0139123 AV

DOCUMENT # P00000099251

1. Entity Name

CLASSIC CIGARETTES, Inc

Principal Place of Business

8575 NW 79th Ave #1
 MEOLY, FL 33166

Mailing Address

8575 NW 79th Ave #1
 MEOLY, FL 33166

2. Principal Place of Business

8575 NW 79th Ave

3. Mailing Address

8575 NW 79th Ave

Suite, Apt. #, etc.

UNIT #1

Suite, Apt. #, etc.

UNIT #1

City & State

MEOLY FL

City & State

MEOLY FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-1067828

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MIGUEL A. SANCHEZ
 10863 N.W. 53rd LANE
 MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name ADAM CANELO
 Street Address (P.O. Box Number is Not Acceptable)
 8575 NW 79th AVENUE
 UNIT #1
 City MEOLY FL Zip Code 33166

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

Miguel Sanchez President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-27-02

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	D.	☒ Delete
NAME	SANCHEZ, MIGUEL	
STREET ADDRESS	10863 NW 53 rd LANE	
CITY-ST-ZIP	MIAMI, FL 33178	
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		
CITY-ST-ZIP		
TITLE	P/T/D	☐ Change ☒ Addition
NAME	CANELO, ADAM	
STREET ADDRESS	8575 NW 79 th AVENUE UNIT #1	
CITY-ST-ZIP	MEOLY, FL 33166	
TITLE	VP/S/D	☐ Change ☒ Addition
NAME	CANELO, LUISA	
STREET ADDRESS	8575 NW 79 th AVENUE UNIT #1	
CITY-ST-ZIP	MEOLY, FL 33166	
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:

Miguel Sanchez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-27-02 297-0592

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