

2001 UNIFORM BUSINESS REPORT (UBR)

0046801 AV

DOCUMENT # P00000109600

1. Entity Name
TOBACCO SALES REPRESENTATIVES INC.

FILED

01 OCT -3 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

Principal Place of Business

7440 SW 50TH TERRACE SUITE 106
MIAMI FL 33155

Mailing Address

7440 SW 50TH TERRACE SUITE 106
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1057251

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

Name

CARLOS TORANO

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

7440 SW 50TH TERRACE #106

City

MIAMI

FL

Zip Code

33155

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

Carlos Torano President

10/01/01

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 \$550.00

After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME TORANO, CARLOS O
STREET ADDRESS 7440 SW 50TH TERRACE SUITE 106
CITY-ST-ZIP MIAMI FL 33155



TITLE D
NAME TORANO, CARLOS A
STREET ADDRESS 7440 SW 50TH TERRACE SUITE 106
CITY-ST-ZIP MIAMI FL 33155



TITLE D
NAME CONARD, DONALD R JR
STREET ADDRESS 7440 SW 50TH TERRACE SUITE 106
CITY-ST-ZIP MIAMI FL 33155



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

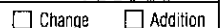


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****750.00 ****750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



LS

TITLE
NAME
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CITY-ST-ZIP



TITLE
NAME
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TITLE
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CITY-ST-ZIP



TITLE
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

10/01/01 (305) 461-2707

Date

Daytime Phone #

CR2E034 (5/01)