

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90312 028 ***550.00

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DOCUMENT # P01000028017

1. Entity Name
NUMERO UNO TOBACCO COMPANY



Principal Place of Business
13014 N DALE MABRY HWY. #337
TAMPA FL 33618

Mailing Address
13014 N DALE MABRY HWY. #337
TAMPA FL 33618



2. Principal Place of Business

3. Mailing Address

Don T. Cigar
Suite, Apt. #, etc.

4205 Fairway Run
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3480979**

Applied For
Not Applicable

Tampa, FL
Zip *33624* **Country** *USA*

Tampa, FL
Zip *33624* **Country** *USA*

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

TRAFFICANTE, MARISA
13014 N DALE MABRY HWY #337
TAMPA FL 33618

Name
Marisa Trafficante
Street Address (P.O. Box Number is Not Acceptable)
4205 Fairway Run
City *Tampa* **FL** **Zip Code** *33624*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marisa Trafficante* **8-21-03**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRAF FICANTE, MARISA 13014 N DALE MABRY HWY, #337 TAMPA FL 33618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marisa Trafficante* **8-21-03** **813-969-4286**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)