FILED
Jul 31, 2002 8:00 am
Secretary of State

07-09-2002 90375 009 ****61.25
05-23-2002 90053 028 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000075834

1. Entity Name

Brazilian Tobacco Association, Inc.

[redacted]

40284

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6799 NW 87th Avenue Suite, Apt. #, etc.	6799 NW 87th Avenue Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33178 Country:	Zip: 33178 Country:

4. FEI Number 03-0374548 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: John Alexander

Street Address (P.O. Box Number is Not Acceptable): 6799 NW 87th Avenue

City: Miami FL Zip Code: 33178

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] President 6/04/02

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) ☐

January 1: May 1 Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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 NAME Jose Miguel Norona STREET ADDRESS 6799 NW 87th Avenue CITY-ST-ZIP Miami, Florida 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME John Alexander STREET ADDRESS 6799 NW 87th AVenue CITY-ST-ZIP Miami, Florida 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 6/04/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #