

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000082395

1. Entity Name
LOW PRICE CIGARETTES, CORP.

FILED

02 MAY 17 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
14816 S.W. 139TH STREET
MIAMI FL 33196

Mailing Address
14816 S.W. 139TH STREET
MIAMI FL 33196

2. Principal Place of Business

10411 NW 28 Street #103

Suite, Apt. #, etc.

3. Mailing Address

10411 NW 28 Street #103

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number

01-0669165

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

03/26/02-90061-044 \$150.00

6. Name and Address of Current Registered Agent

HIDALGO, ARGELIS

14816 S.W. 139TH STREET

MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

Hidalgo Argelis

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

10411 NW 28 Street #103

City

Miami

FL

Zip Code

33172

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

Argelis Hidalgo

Signature, typed or printed name of registered agent not valid 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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
HIDALGO, ARGELIS
14816 S.W. 139TH STREET
MIAMI FL 33196 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
HIDALGO, MILVIA
14816 S.W. 139TH STREET
MIAMI FL 33196 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
HIDALGO ARGELIS
10411 NW 28 Street #103
Miami Florida 33172 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
CAMPANI, ISAURO
10411 NW 28 Street #103
Miami Florida 33172 ☐ Change ☒ Addition

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

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

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

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:

Argelis Hidalgo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

18

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

• Make a copy for your records

FILE NO. 1545-500

Form 1041-4
(Rev. April 1960)
Department of the Treasury
Internal Revenue Service

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

Form 990 (2001)

1 Name of applicant (legal name) (see instructions)
LOW PRICES CIGARETTE CORP.

2 Trade name of business (if different from name on line 1)
LOW PRICES CIGARETTE CORP.

3a Mailing address (street address) (room, apt., or suite no.)
14816 SW 137th St

3b Business address (if different from address on lines 3a and 4b)
MIAMI, FL 33196

4a City, state, and ZIP code
MIAMI, FL 33196

4b City, state, and ZIP code
MIAMI, FL 33196

5 County and state where principal business is located
DADE, FLORIDA

6 Name of principal officer, general partner, grantor, owner, or trustee (SSN or EIN may be required (see instructions))
ARGENTI HIDALGO OSCAR 5111

7a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 7a.

☐ Sole proprietor (SSN)
☐ Partnership
☐ REMIC
☐ State/local government
☐ Church or church-controlled organization
☐ Other nonprofit organization (specify):
☐ Other (specify):

☐ Personal service corp.
☐ National guard
☐ Farmers' cooperative
☐ Federal government/territory (enter SSN if applicable)

☐ Below (SSN of decedent)
☐ Plan administrator (SSN)
☒ Other corporation (specify): **S CORPORATION**
☐ Trust
☐ Federal government/territory (enter SSN if applicable)

8a If a corporation, name the state or foreign country
FLORIDA

8b Reason for applying (Check only one box.) (see instructions)
☒ Started new business (specify type):
☐ Bankruptcy (specify purpose):
☐ Changed type of organization (specify new type):
☐ Purchased going business
☐ Created a trust (specify type):
☐ Other (specify):

9a Date business started or acquired (month, day, year) (see instructions)
08/21/2001

9b Closing month of accounting year (see instructions)
12

10 First date wages or salaries were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year).
08/21/2001

11 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." (see instructions)
0

12 Principal activity (see instructions)
☐ Yes ☒ No

13a Is the principal business activity manufacturing?
If "yes," principal product and raw material used:
Business (wholesale)

13b To whom are most of the products or services sold?
☒ Public (retail) ☐ Other (specify):

14a Has the applicant ever applied for an employer identification number for this or any other business?
Note: If "yes," please complete lines 17a and 17b.
☒ Yes ☐ No

17a If you checked "Yes" on line 14a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name: **LOW PRICES CIGARETTE CORP.** Trade name:
Approximate date when and city and state where the application was filed. Enter previous employer identification number, if known.
08/21/2001 MIAMI, FLORIDA

17b Approximate date when and city and state where the application was filed. Enter previous employer identification number, if known.
08/21/2001 MIAMI, FLORIDA

18a Signature of preparer (If preparer is not the applicant, enter name, title, and address of preparer.)
Argenti's Hidalgo

18b Signature of applicant (If applicant is not the preparer, enter name, title, and address of applicant.)
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For Privacy Act and Paperwork Reduction Act Notices, see page 4.

E61 NS: 10850N

Form 53-4 (Rev. 4-23-67)