

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000109089

1. Entity Name  
TOBACCO WHOLESALE, INC.

FILED  
Apr 21, 2002 8:00 am  
Secretary of State

02-27-2002 90068 029 \*\*\*150.00

Principal Place of Business  
760 E LAKE RD  
PALM HARBOR FL 34685

Mailing Address  
760 E LAKE RD  
PALM HARBOR FL 34685

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 59-3754805

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

ASLAN, KARAM  
760 E LAKE RD  
PALM HARBOR FL 34685

Name

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

City

FL

Zip Code

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, 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 \$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 ASLAN, KARAM  
STREET ADDRESS 760 E LAKE RD  
CITY-ST-ZIP PALM HARBOR FL 34685 ☐ Delete

TITLE  
NAME V MANSOUR, GALIOM  
STREET ADDRESS 760 E LAKE RD  
CITY-ST-ZIP PALM HARBOR FL 34685 ☐ Delete

TITLE  
NAME T SHAMAS, SAMIR  
STREET ADDRESS 760 E LAKE RD  
CITY-ST-ZIP PALM HARBOR FL 34685 ☐ 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 ☐ Change ☐ Addition

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

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

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STREET ADDRESS  
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TITLE  
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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

SIGNATURE RE: ASLAN, KARAM

2-14-2002

727-786-7210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)