

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90129 047 ***150.00

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DOCUMENT # P02000003741

1. Entity Name

CHARLES TOBACCO CORPORATION



Principal Place of Business
150 SE 2ND AVE STE 1200
MIAMI FL 33131

Mailing Address
150 SE 2ND AVE STE 1200
MIAMI FL 33131

2. Principal Place of Business

16300 NE 19 AVE

3. Mailing Address

16300 NE 19 AVE

Suite, Apt. #, etc.

246

Suite, Apt. #, etc.

C

City & State

N. Miami Beach

City & State

N. Miami Beach

Zip

33162

Country

Zip

33162

Country

4. FEI Number

60-0001979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROSEN, BORIS

150 SE 2ND AVE STE 1200

MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **FERNANDO SILVA**

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

16300 NE 19 AVE

SUITE C

City **N. Miami Beach**

FL

Zip Code

33162

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

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **KOVALSKY, HELEN**
STREET ADDRESS **150 SE 2ND AVE STE 1200**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **TD** ☐ Delete
NAME **HERSKOWICH, KAREN**
STREET ADDRESS **150 SE 2ND AVE STE 1200**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
NAME **KOVALSKY, HELEN**
STREET ADDRESS **16300 NE 19 AVE SUITE 246**
CITY-ST-ZIP **N. Miami Beach FL 33162**

TITLE **TD** ☒ Change ☐ Addition
NAME **HERSKOWICH, KAREN**
STREET ADDRESS **16300 NE 19 AVE SUITE 246**
CITY-ST-ZIP **N. Miami Beach FL 33162**

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

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

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

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

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:

HELEN KOVALSKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/03

CR2E034 (10/02)