

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90064 017 ***150.00

DOCUMENT # P02000124624

1. Entity Name
THE TOBACCO SHOP, INC.



Principal Place of Business
**85 E 14 STREET
HIALEAH FL 33010**

Mailing Address
**85 E 14 STREET
HIALEAH FL 33010**



2. Principal Place of Business
859 E 41ST
Suite, Apt. #, etc.

3. Mailing Address
391 EAST DR.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
HIALEAH, FLORIDA
Zip
33013 Country
US

City & State
MIAMI SPRINGS, FL
Zip
33166 Country
US

4. FEI Number
06-1661260
☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RIOS, MAURICO
85 E 14 STREET
HIALEAH FL 33010**

7. Name and Address of New Registered Agent

Name
N/A
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MAURICO RIOS - PRESIDENT** **VOID**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
RIOS, MAURICIO
85 E 14 STREET
HIALEAH FL 33010** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SMITH, ANNA
85 E 14 STREET
HIALEAH FL 33010** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. 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

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☐ Change ☐ 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 an other like empowered.

SIGNATURE: **SIGNATURE OF MAURICO RIOS** **3/11/03** **305-953-9910**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)