

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90141 021 ***150.00

DOCUMENT # P02000130358

1. Entity Name

FIRST CLASS TOBACCO, INC.



Principal Place of Business

14705 BALGOWAN ROAD #203
MIAMI LAKES FL 33016

Mailing Address

14705 BALGOWAN ROAD #203
MIAMI LAKES FL 33016

2. Principal Place of Business

12253 Pembroke rd
Suite, Apt. #, etc.

3. Mailing Address

12253 Pembroke rd
Suite, Apt. #, etc.

City & State

Pembroke Pines - FL

City & State

Pembroke Pines - FL

Zip

33025

Country

US

Zip

33025

Country

U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

06-1667864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HATOUM, HALA

14705 BALGOWAN ROAD #203
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 D ☐ Delete
NAME HATOUM, HALA
STREET ADDRESS 14705 BALGOWAN ROAD #203
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE D ☐ Delete
NAME SAYED, MOUSSA
STREET ADDRESS 14705 BALGOWAN ROAD #203
CITY-ST-ZIP MIAMI LAKES FL 33016

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-18-03 954 865 4894

CR2E034 (10/02)