## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P02000130457

1. Entity Name

CIGARRETES MART SALES, INC.



## FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90244 023 \*\*\*150.00

Principal Place of Business   158 WEST 4 STREET   158 WEST 4 STREET   159 WEST 4 STREE																
2. Principal Place of Business  Suite, Apt. #, otc.  Suite, Apt. #, otc.  Suite, Apt. #, otc.  Cry & State  City &	1528 WEST 49	STREET	S	<u>-</u> -	1528 WE	ST 49 STREET				-						
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Great State   Great	_malean_rl_33	XJ12			HIALEAC	1 FL 33012										
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Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additiona	Suite, Apt. #, etc.				Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES						
TORRES, ANDRES 5620 E.1 AVE. HIALEAH FL 33012  8. The above named entity submits this statement for the purpose of changing its registered depent.  FILE NOW!! FELE IS 150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridab Depentment of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INE NAME CARDONA, ROSSANA SIRET ADDRESS 5802 E.1 AVE. HIALEAH FL 33013  TITLE NAME CARDONA, ROSSANA SIRET ADDRESS CDT - 51-2P  ITTLE NAME SIR	City & State				City & State				4	i. FEIBINDELO!	340	702	<i>\_</i>	Not Ap	plicable	
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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.	indicated of the cor	on this repor	rt or suppleme he receiver or	ental report is tr trustee empow	rue and ac ered to ex	ccurate and that r recute this report	ny signat as requir	ure shall have th	ne san	ne legal effect as if m	iade under d	oath; that	l am an offi	cer or d	director	

3/13/03