

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90119 050 \*\*\*150.00

**DOCUMENT # P94000029334**

1. Entity Name  
**C.A.T. TOBACCO CORP.**

Principal Place of Business

**7440 S.W. 50TH TERRACE  
 UNIT 106  
 MIAMI FL 33155  
 US**

Mailing Address

**7440 S.W. 50TH TERRACE  
 UNIT 106  
 MIAMI FL 33155  
 US**

00024131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0494630**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**TORRANO, CARLOS A  
 8334 SW 82 TERR.  
 MIAMI FL 33143**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>TORANO, CARLOS</b>	
STREET ADDRESS	<b>4135 BAY LAUREL WAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEVINE, SETH</b>	
STREET ADDRESS	<b>8341 S.W. 83 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LEVINE, CAROLINA T</b>	
STREET ADDRESS	<b>8341 S.W. 83 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>TORANO, CARLOS A</b>	
STREET ADDRESS	<b>8334 SW 82 TERR.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4823 NW 25 WAY</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33434</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **1/23/02** **305 661 9121**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)