


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90897 001 ***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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0494630**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**TORRANO, CARLOS A
8334 SW 82 TERR.
MIAMI FL 33143**

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

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	S	<input type="checkbox"/> Delete
NAME	TORANO, CARLOS	
STREET ADDRESS	4823 NW 25 WAY	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEVINE, SETH	
STREET ADDRESS	8341 S.W. 83 STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEVINE, CAROLINA T	
STREET ADDRESS	8341 S.W. 83 STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	P	<input type="checkbox"/> Delete
NAME	TORANO, CARLOS A	
STREET ADDRESS	8334 SW 82 TERR.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	Director	<input type="checkbox"/> Delete
NAME	terebita TORANO	
STREET ADDRESS	8334 SW 82 Terr.	
CITY-ST-ZIP	Miami FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	vice president + Director	<input checked="" 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	Secretary + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	terebita TORANO	
STREET ADDRESS	8334 SW 82 Terr	
CITY-ST-ZIP	Miami FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **2/25/03** Daytime Phone #: **305 6619121**

CR2E034 (10/02)