2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000029334



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

TITLE NAME NAME STREET ADDRESS STREE	1. Entity Na C.A.T. To	OBACCO CORP.	0023304					03-03-200)3 90897 0		
City & State Country 2p Country 3p Country 5p Country 5p Country 5p Country 5p Specificate of Status Desired 5p Specificate of Status Desired Agent 5p Specificate of Status Desired 5p Specificate of Status Desired Agent 5p Specificate of Status Desired 5p Specificate of Status Desired Agent 5p Speci	7440 S.W. 5 Unit 106 Miami Fl 33 US	OTH TERRACE 1155	7440 S.W. 50TH TERRAC UNIT 106 MIAMI FL 33155 US	E			į				
Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Popularian Country S. Certificate of Status Desired S8.75 Additional Fee Required TORRANO, CARLOS A 83344 SW 82 TERR. MIAMI FL 33143 City FL Zip Code 6. The above named/antity submits this statement for the purpose of changing its registered digent, or both, in the State of Florida. I am termiser with, and accept the chigations or digitatered agent, or both, in the State of Florida. I am termiser with, and accept the chigations or digitatered agent, or both, in the State of Florida. I am termiser with, and accept the chigations or digitatered agent, or both, in the State of Florida. I am termiser with, and accept the chigations or digitatered agent, or both, in the State of Florida. I am termiser with, and accept the chigations or digitatered agent, or both, in the State of Florida. I am termiser with, and accept the chigations or digitatered agent, or both, in the State of Florida. I am termiser with, and accept the chigations or digitatered agent, or both, in the State of Florida. I am termiser with, and accept the chigations or digitatered agent, or both, in the State of Florida. I am termiser with, and accept the chigations or digitatered agent, or both, in the State of Florida. I am termiser with, and accept the chigations of digitatered agent, or both, in the State of Florida. I am termiser with, and accept the chigations of digitatered agent, or both, in the State of Florida. I am termiser with, and accept the chigations of digitatered agent, or both, in the State of Florida. I am termiser with, and accept the chigations of digitatered agent, or both, in the State of Florida. I am termiser with, and accept the chigations of digitatered agent, or both, in the State of Florida. I am termiser with, and accept the chigations of digitatered agent, or both, in the State of Florida. I am termiser with, and accept the chigations of digitatered agent, or both, in the State of Florida. I am termiser with and accept the chigations of d	Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
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TORRANO, CARLOS A 8334 SW 82 TERR. MAMI PL 33143 City FL Zip Code 8. The above named partity submits this statement for the purpose of changing its registered agent, or both, in the State of Fronda. I am familiar with, and accept the obligations of rigidate or insert or any degree agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Addition May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee w	Zip			Zip Coun			5. Certi	ficate of Status Desir	ed 🔲	\$8.75 A	Additional
Normal Normal Normal Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Code Code City FL Zip Code Code Code Code City FL Zip Code City City FL Zip Code City Ci		6. Name and Address of Current F	legistered Agent				7 Name	e and Address of Na	u Poelstore	,	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Coce 6. 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 acceptable the obligations of registered agent. SIGNATURE TILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TORANO, CARLOS SIRET AUDIESS SIRET AU					Name			C AIM ADDIESS DE IN	W Geolpreie	.Agent.	
MAM FL 33143 City FL Zip Code							0.5				
8. The above named-entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of régistered agent. Signature Signatur	8334 SW	}	Street Address (P.O. Box Number is Not Acceptable)								
B. The above named/entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Proceedings Proceedings Procedure of Procedur	Miami Fl	. 33143						,			
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2. 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 in the section 119.07(3)(ii), Florida Statutes.	AME Treet address Ity-St-Zip		☐ Delete	NAME STREET . CITY-ST	r-zip					.	

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 wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all or

SIGNATURE: