

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000032211

1. Entity Name

Cigarette Racing Team, Inc.

FILED

00 JUN -2 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3131 N. E. 188th Street
Aventura, Florida 33180

same

2. Principal Place of Business

as above

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0489926

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Adam Schild
Cigarette Racing Team, Inc.
3131 N. E. 188th Street
Aventura, Florida 33180

7. Name and Address of New Registered Agent

Name
Glenn B. Laken, Chairman

Street Address (P.O. Box Number is Not Acceptable)
3131 N. E. 188th Street

City
Aventura

FL

Zip Code
33180

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

June 7, 2000

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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Adam Schild,
Chairman/Director ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Craig Barrie,
Director ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chairman/Director C/D ☐ Change ☒ Addition
Glenn B. Laken
130 South Canal, Ste 9N
Chicago, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director D ☐ Change ☒ Addition
John Black
20 Exchange Place, 49th Fl.
New York, New York 10005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chief Financial Officer CFO ☐ Change ☒ Addition
Penny Adams Field
2424 Longboat Drive
Naples, Florida 34104

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003342811-0
-08/01/00-01095-005
****158.75 ****158.75

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

June 7, 2000

Daytime Phone *

CR2E034 (9/99)