

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90007 003 ***550.00

DOCUMENT # P94000032211

1. Entity Name
CIGARETTE RACING TEAM, INC.

Principal Place of Business

**3131 NE 188TH ST.
 AVENTURA FL 33180
 US**

Mailing Address

**3131 NE 188TH ST.
 AVENTURA FL 33180
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0489926

Applied For

Not Applicable

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

**LAKEN, GLENN B
 3131 N.E. 188TH STREET
 AVENTURA FL 33180**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☒ Delete
 NAME **CD**
 STREET ADDRESS **LAKEN, GLENN . B**
 CITY-ST-ZIP **130 SOUTH CANAL, STE. 9N
 CHICAGO IL 60606**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **BLACK, JOHN**
 CITY-ST-ZIP **20 EXCHANGE PLACE, 49TH FLOOR
 NEW YORK NY 10005**

TITLE ☐ Delete
 NAME **CFO**
 STREET ADDRESS **ADAMS FIELD, PENNY**
 CITY-ST-ZIP **2424 LONGBOAT DRIVE
 NAPLES FL 34104**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **LANE LAKEN**
 CITY-ST-ZIP **2423 EGANDALE ROAD
 HIGHLAND PARK IL 60035**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **J. R. LeShufy**
 CITY-ST-ZIP **215 E. 68th STREET
 NEW YORK N.Y. 10021**

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

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

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

TITLE ☐ Change ☐ 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:

Glenn B. Laken
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sep 12, 2001 305 931 4564

CR2E034 (5/01)