

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90096 020 ***158.75

905181

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000055418

1. Entity Name

T.J. CIGAR COMPANY

Principal Place of Business

Mailing Address

**42555 BISCAYNE BLVD.
STE-824
N. MIAMI FL 33181****1140 KANE CONCOURSE
FIFTH FLOOR
BAY HARBOR FL 33154-2045**

2. Principal Place of Business

3. Mailing Address

1140 KANE CONCOURSE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FIFTH FLOOR

City & State

City & State

BAY HARBOR ISLANDS, FL

Zip

Country

Zip

Country

4. FEI Number

65-0678311

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

**SILVERS, ROBERT H
1140 KANE CONCOURSE
FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P COLTUNE, PETER 1140 KANE CONCOURSE FIFTH FLOOR BAY HARBOR ISLANDS FL 33154	<input type="checkbox"/>		
VP ELSTER, ALLAN 1140 KANE CONCOURSE FIFTH FLOOR BAY HARBOR ISLANDS FL 33154	<input type="checkbox"/>		
ST GORDON, LARRY 1140 KANE CONCOURSE FIFTH FLOOR BAY HARBOR ISLANDS FL 33154	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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: X **LARRY GORDON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2000

Date

305 864-7531

Daytime Phone #

CR2E034 (9/99)