

2000 UNIFORM BUSINESS REPORT (UBR)

Amended: \$61.25

DOCUMENT # 996000086331

1. Entity Name
Inter-Continental Cigar Corporation

Principal Place of Business
3251 Commerce Parkway
Miramar, FL 33025

Mailing Address

FILED

00 JUL 27 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
3251 Commerce Parkway
Suite, Apt. #, etc.

City & State
Miramar, Florida
Zip Country
33025 Broward

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FFL Number 65-0704561
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
Michael D. Pelletier
3251 Commerce Parkway
Miramar, FL 33025

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.

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. ☐ **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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V1 ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	Fernando Alvarez	NAME	
STREET ADDRESS	8361 N.W. 144 Terrace	STREET ADDRESS	600003354586--8
CITY-ST-ZIP	Miami Lakes, FL 33016	CITY-ST-ZIP	08/14/00-01012-005
TITLE	P ☒ Delete	TITLE	*****61.25 ☐ Change ☐ Addition
NAME	Robert E. Dennis	NAME	
STREET ADDRESS	6400 Mesa Ridge Drive	STREET ADDRESS	
CITY-ST-ZIP	Ft. Worth, TX 76137	CITY-ST-ZIP	
TITLE	V2 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Michael D. Pelletier	NAME	
STREET ADDRESS	6821 E. Tropical Way	STREET ADDRESS	
CITY-ST-ZIP	Plantation, FL 33317	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/23/2000 Daytime Phone #: 954 450-1994

CR2E034 (9/99)