FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90034 035 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086331

1. Entity Name
Inter-Continental Cigar Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3251 Commerce Parkway	3251 Commerce Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miramar, FL	Miramar, FL
Zip 33025 Country USA	Zip 33025 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0704561 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Michael D. Pelletier

Street Address (P.O. Box Number is Not Acceptable): 3251 Commerce Parkway

City: Miramar FL Zip Code: 33025

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	V Michael D. Pelletier 3251 Commerce Parkway Miramar, FL 33025
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Robert Klas Add 231 Lola Lane Lilburn, GA 30047
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Gary P. Jones Add 1116 Savannah Landings Ave. Valrico, FL 33594
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael D. Pelletier Michael D. Pelletier 4/26/2002 954 450-1994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #