

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098570

1. Entity Name
R & T CIGARS, INC.

Principal Place of Business
**42 PINWOOD PLACE
MIMS FL 32754**

Mailing Address
**42 PINWOOD PLACE
MIMS FL 32754**

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 **59-3423210**

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

**MIKALIK, RICHARD W
42 PINWOOD PLACE
MIMS FL 32754**

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

Richard W. Mikalik *Director* *RICHARD W. MIKALIK*

1-9-01

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, 2001 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 **D** ☐ Delete
NAME **MIKALIK, RICHARD W**
STREET ADDRESS **42 PINWOOD PLACE**
CITY-ST-ZIP **MIMS FL 32754**

TITLE **D** ☐ Delete
NAME **LEFTAKES, THOMAS N**
STREET ADDRESS **6105 NORTH LEADER AVENUE**
CITY-ST-ZIP **CHICAGO IL 60648-4805**

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
NAME
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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: *Richard W. Mikalik* *RICHARD W. MIKALIK, DIRECTOR* *1-9-01* *321-967-0933*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0476472

CR2E034 (10/00)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90081 045 ***150.00



DO NOT WRITE IN THIS SPACE