

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90005 015 ***150.00

DOCUMENT # P97000009292

1. Entity Name

TORANO TOBACCO COMPANY, INC.

Principal Place of Business

Mailing Address

1000 BRICKELL AVE.
SUITE 1000
MIAMI FL 331311000 BRICKELL AVE.
SUITE 1000
MIAMI FL 33131-3014

2. Principal Place of Business

3. Mailing Address

2100 CORAL WAY
Suite, Apt. #, etc.
3002100 CORAL WAY
Suite, Apt. #, etc.
300City & State
MIAMI, FLCity & State
MIAMI, FLZip
33145Country
DADEZip
33145Country
DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0734332

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

TORANO, MARIA ELENA
~~1000 BRICKELL AVE.~~ 2100 CORAL WAY
~~SUITE 450~~ STE 300
~~MIAMI FL 33131~~ MIAMI, FL 33145

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 State10. 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 D
STREET ADDRESS TORANO, MARIA ELENA
CITY-ST-ZIP 1000 BRICKELL AVE.
MIAMI FL 33131TITLE ☒ Change ☐ Addition
NAME 2100 CORAL WAY, STE 300
STREET ADDRESS MIAMI, FL
CITY-ST-ZIP 33145TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)