2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # **P97000022690**

1. Entity Name

AL-RÓ CIGAR COMPANY



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90664 017 ***150.00

ALTO CIGAN COMPANY						
COE DRIVE						
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I Place of Business	3. Mailing Addres	ss				ļ
ot. #, etc.	Suite, Apt. #, et	c.		☐ CHECK HERE IF MAKING	CHANGES	
ate	City & State			4. FEI Number 59-3432518	Applied For	
Country	Zip	Count	ry			le
6. Name and Address of Cu	rrent Registered Agent	<u>. </u>			Fee Required	
			Name	7. Name and Address of New Registered A	sgent	\dashv
			Street Address /P	O Poy Number is Not Assembly		
6608 GLENCORE DR			Street Address (F.	Box Number is Not Acceptable)		ı
-L 33617						٦
		Ī	City	FI	Zip Code	┪
e named entity submits this stateme	ent for the purpose of chan-	ging its registered	d office or registered	d agent, or both, in the State of Florida. Lam fa	amiliar with, and accen	\dashv
ations of registered agent.					arra arra accep	
Signature, typeB or printed name of registered	agent and title if agolicable	(NOTE: Popieto				
*		(NOTE: negistered	Agent signature required wi	nen reinstating) DATE		\perp
er May 1, 2003 Fee will be \$550	.00			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
		11.	-	ADDITIONS/CHANGES TO DESICERS AND	DIDECTORS IN 44	4
PTD	☐ Delet	e TITLE		TECHNOLOGY IN MACE TO CITTOERS AND		\exists
BADIA, ROGER		NAME				
TAMPA FL 33617						1
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REINA, ALFRED I JR.		NAME	1		E Change	1
6608,GLENCOE,DRIVE			- 1	المتعلق والعالم الحالم المالية	100	
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	lace of Business COE DRIVE 33617 I Place of Business ot. #, etc. late Country 6. Name and Address of Cu ROGER ENCORE DR FL 33617 Ve named entity submits this statement ations of registered agent. Signature, typeli or printed name of registered agent. Signature, typeli or printed name of registered agent. PTD BADIA, ROGER 6608 GLENCOE DRIVE TAMPA FL 33617 VSD REINA, ALFRED I JR.	lace of Business COE DRIVE 33617 I Place of Business It Ampa Ft. 33617 It Delete of Business It Ampa Ft. 33617	Address COE DRIVE 33617 TAMPA FL 33617 I Place of Business 3. Mailing Address cot. #, etc. Suite, Apt. #, etc. Country Zip Country Zip Country Address Country Cou	Jace of Business COE DRIVE Signature	Acc of Business OCE DRIVE 1	Mailing Address OCC DWN West GLENCOE DRIVE TAMPA FL 38817 IF Place of Susiness 3. Mailing Address Susin, Apt. #, etc. Chick Susin Apt. #, etc. Susin Apt. #, etc. Chick Susin Apt. #, etc. Susin Apt. #, etc. Chick Susin Apt. #, etc. Susin Apt. #, etc. Susin Apt. #, etc. Susin Apt. #, etc. Chick Susin Apt. #, etc. Susin Apt. #, etc. Susin Apt. #, etc. Chick Susin Apt. #, etc. Susin Apt. #, etc. Susin Apt. #, etc. Chick Susin Apt. #, etc. Susin Apt. #, etc. Susin Apt. #, etc. Chick Susin Apt. #, etc. Susin Apt. #, etc. Susin Apt. #, etc. Susin Apt. #, etc. Chick Susin Apt. #, etc. Susin Apt. #, etc. Susin Apt. #, etc. Chick Here if Making Address of New Registered Agent For Pagured Registered Agent For Pagured Chick Here if Making Address of New Registered Agent For Pagured Registered Agent For Pagured Susin Address of New Registered Agent For Pagured But. #, etc. Chick Here if Making Address of New Registered Agent For Pagured For Pagured For Pagured Susin Address of New Registered Agent For Pagured For Pagured

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND PRIVATE NAME OF SIGNING OFFICER OR

CITY-ST-ZIP

1/9/03

8/3-785-6765

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