

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000055651**

1. Entity Name
EMPEROR TOBACCO COMPANY, INC.

FILED
Jun 02, 2000 8:00 am
Secretary of State
06-02-2000 90004 028 ***150.00

Principal Place of Business
22436 SEA BASS DRIVE
BOCA RATON, FL 33428

Mailing Address
22436 SEA BASS DRIVE
BOCA RATON, FL 33428

2. Principal Place of Business
124 S. FEDERAL HIGHWAY
Suite, Apt. #, etc.
SUITE 3
City & State
MIAMI BEACH FL

3. Mailing Address
124 S. FEDERAL HIGHWAY
Suite, Apt. #, etc.
SUITE 3
City & State
MIAMI BEACH FL

Zip
33062 Country
USA

Zip
33062 Country
USA

4. FEI Number
65-0765670

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CRAIG BODIE
22436 SEA BASS DRIVE
BOCA RATON, FL 33428

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 _____ (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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE DP	<input type="checkbox"/> Delete
NAME CRAIG BODIE	
STREET ADDRESS 22436 SEA BASS DRIVE	
CITY-ST-ZIP BOCA RATON FL 33428	
TITLE DS	<input type="checkbox"/> Delete
NAME LANA J. BODIE	
STREET ADDRESS 22436 SEA BASS DRIVE	
CITY-ST-ZIP BOCA RATON FL 33428	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **CRAIG BODIE** **4-27-00** **4/24/2000** **954-786-0290**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)