

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90076 028 \*\*\*150.00

**DOCUMENT # P97000055801**

1. Entity Name  
**THIRD MILLENNIUM CIGARS & ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

4904 HOLLY DRIVE  
 TAMARAC FL 33319  
 US

4904 HOLLY DRIVE  
 TAMARAC FL 33319  
 US

80050623



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2800 S.W. 4<sup>TH</sup> AVE

3. Mailing Address

2800 S.W. 4<sup>TH</sup> AVE

Suite, Apt. #, etc.

BAY 14

Suite, Apt. #, etc.

BAY 14

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

4. FEI Number

65-0768897

Applied For

Not Applicable

Zip

33315

Country

Zip

33315

Country

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

SOTO, EDWIN A  
 4904 HOLLY DRIVE  
 TAMARAC FL 33319

Name

~~WILLIAM DEPAKOS Esq.~~

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

~~2800 S.W. 4<sup>TH</sup> AVE~~

City

FT. LAUDERDALE

FL

Zip Code

~~33315~~

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME P  
 STREET ADDRESS SOTO, EDWIN A  
 CITY-ST-ZIP 4904 HOLLY DRIVE  
 TAMARAC FL 33319

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

TITLE ☐ Delete  
 NAME VP  
 STREET ADDRESS MARIO ROSENFIELD  
 CITY-ST-ZIP 5740 ALTON RD  
 M.B. FL 33140

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

TITLE ☐ Delete  
 NAME DIRECTOR  
 STREET ADDRESS ALEX GIMELSTEIN  
 CITY-ST-ZIP 3669 N.E. 201 ST  
 AVVENTURA FL 33180

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ 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 (10/00)