

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066563

1. Entity Name

U.S.A. DOMINICAN TOBACCO CORP.

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90016 003 ***158.75

Principal Place of Business

Mailing Address

1232 SW 17 TERRACE
MIAMI FL 33145

1232 SW 17 TERRACE
MIAMI FL 33145

00003298

2. Principal Place of Business

3. Mailing Address

1232 SW 17th Terrace

1232 SW 17th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami - Florida

Zip

Country

USA

Zip

Country

USA

4. FEI Number 65-0771175

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

FUENTES, MARTHA
1232 SW 17 TERRACE
MIAMI FL 33145

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

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 P
NAME FUENTES, MARTHA
STREET ADDRESS 1232 SW 17 TERRACE
CITY-ST-ZIP MIAMI FL 33145

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T
NAME ALVAREZ, MARTHA
STREET ADDRESS 1258 SW 17 TERR
CITY-ST-ZIP MIAMI FL 33145

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE S
NAME FUENTES, MILTON
STREET ADDRESS 1256 SW 17 TERR
CITY-ST-ZIP MIAMI FL 33145

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CITY-ST-ZIP

☐ Change

☐ Addition

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 #

MARTHA R FUENTES

Jan 9-2001 3058544917

CR2E034 (10/00)

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