

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90034 001 ***300.00

0261401 AV

DOCUMENT # P97000082204

1. Entity Name

WORLD'S BEST RATED CIGAR COMPANY

Principal Place of Business

**2000 NE 164TH ST.
 NORTH MIAMI BEACH FL 33162**

Mailing Address

**2000 NE 164TH ST.
 NORTH MIAMI BEACH FL 33162
 19100 VON KARMAN AVE
 #450
 IRVINE, CA 92612**

2. Principal Place of Business

3. Mailing Address

19100 VON KARMAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

450

City & State

IRVINE, CA

4. FEI Number **65-0787109**

Applied For

Not Applicable

Zip

Country

Zip

Country

92612

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELDER, JEFFREY A
 2000 NE 164TH ST.
 NO MIAMI BEACH FL 33162**

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, 2002 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 **PD FELDER, JEFFREY**
 STREET ADDRESS **2000 NE 164TH ST**
 CITY-ST-ZIP **NO MIAMI BEACH FL 33162**

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

TITLE ☒ Delete
 NAME **SD LYONS, GERALDINE**
 STREET ADDRESS **2000 NE 164TH ST**
 CITY-ST-ZIP **N. MIAMI BCH FL 33162**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **C.F.O. JOSEPH TAWIL**
 STREET ADDRESS **19100 VON KARMAN #450**
 CITY-ST-ZIP **IRVINE CA 92624**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 OF REGISTERED AGENT (JOSEPH) TAWIL C.F.O.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-02 944-553-3002
 Date Daytime Phone #

CR2E034 (9/01)