

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 02, 2001 8:00 am**  
**Secretary of State**

07-02-2001 90003 026 \*\*\*150.00

DOCUMENT # <b>997000090150</b>
1. Entity Name <b>YBOA TOBACCO, INC.</b>

**(A)****C0072325**

Principal Place of Business <b>3106 W. PARIS ST.</b>	Mailing Address <b>3106 W. PARIS ST.</b>
<b>TAMPA FL 33614</b>	<b>TAMPA FL 33614</b>

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3473827</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>LOPEZ, AL R. JR.</b> <b>4600 W. CYPRUS ST. STE. 500</b> <b>TAMPA FL 33607</b>
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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 \_\_\_\_\_  
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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LASTRA, ROBERT</b>	NAME	
STREET ADDRESS	<b>3006 W. BROAD ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33614</b>	CITY-ST-ZIP	
TITLE	<b>D</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VIGIL, WAGNA</b>	NAME	
STREET ADDRESS	<b>3923 VANDANES DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33634</b>	CITY-ST-ZIP	
TITLE	<b>D</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COSTA, ANTHONY</b>	NAME	
STREET ADDRESS	<b>3423 DUNNELL AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA, FL 33629</b>	CITY-ST-ZIP	
TITLE	<b>D</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PUMARIEGA, MANUEL L.</b>	NAME	
STREET ADDRESS	<b>3106 W. PARIS ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33614</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ **6/25/01 (813) 875-0579**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/00)