

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083493

1. Entity Name

QUALITY TOBACCO DISTRIBUTORS, INC.

FILED

00 MAR 21 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4800 S.W. 51ST STREET
SUITE 106
DAVIE FL 33314

Mailing Address

4800 S.W. 51ST STREET
SUITE 106
DAVIE FL 33314-5511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0863074

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

SCHWARTZ, CLAIRE
4800 S.W. 51ST STREET
SUITE 106
DAVIE FL 33314

Name

ANDRE MAMAN

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

4800 S.W. 51 STREET

SUITE 106

City

DAVIE

FL

Zip Code

33314

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

03/13/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SCHWARTZ, CLAIRE
STREET ADDRESS 4800 S.W. 51ST STREET, #106
CITY-ST-ZIP DAVIE FL 33314 ☒ Delete

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

TITLE VPD
NAME MAMAN, ANDRE
STREET ADDRESS 4800 S.W. 51ST STREET, #106
CITY-ST-ZIP DAVIE FL 33314 ☐ Delete

TITLE PD
NAME ANDRE MAMAN
STREET ADDRESS 4800 S.W. 51 STREET, #106
CITY-ST-ZIP DAVIE, FL 33314 ☒ Change ☐ Addition

TITLE STD
NAME FRANCO, JOSEPH
STREET ADDRESS 4800 S.W. 51ST STREET, #106
CITY-ST-ZIP DAVIE FL 33314 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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

JOSEPH FRANCO

03/13/00

(954) 792-3200

Date

Daytime Phone #