

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90201 027 ***150.00

DOCUMENT # P99000069066



1. Entity Name
SMOKE STOP ETC. INC.

Principal Place of Business
**7770 NW 44TH ST
SUNRISE FL 33351**

Mailing Address
**7770 NW 44TH ST
SUNRISE FL 33351**

2. Principal Place of Business

P.O. Box 16628

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 16628

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Plantation FL

City & State
Plantation, FL

4. FEI Number
65-0939488

Applied For
☐ Not Applicable

Zip
33318-6628

Country
USA

Zip
33318-6628

Country
USA

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

**CONSOR, DELIA
4914 NW 55 CT
FORT LAUDERDALE FL 33319**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CONSOR, DELIA
4914 NW 55 CT
FORT LAUDERDALE FL 33319**

☐ Delete

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DELIA CONSOR REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 (954) 717-4061
Date Daytime Phone #

CR2E034 (10/02)