

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077493

1. Entity Name  
S. PLASENCIA TOBACCO, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90085 033 \*\*\*150.00

763468



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
3022 N HABANA AVENUE  
TAMPA FL 33607-1075

Mailing Address  
1981 W ML KING BLVD  
TAMPA FL 33607-1075

2. Principal Place of Business  
1955 W. ML King Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
1955 W ML King Blvd  
Suite, Apt. #, etc.

City & State  
Tampa FL

City & State  
Tampa FL

Zip  
33607

Country  
USA

Zip  
33607

Country  
USA

4. FEI Number 60-5999212  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

PLASENCIA, GUSTAVO  
3022 N HABANA AVENUE  
TAMPA FL 33607-1075

## 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)

**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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLASENCIA, GUSTAVO		NAME		
STREET ADDRESS	3022 N HABANA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607-1075		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Javier Plascencia	
STREET ADDRESS			STREET ADDRESS	1110 W. Adalberto ST.	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA FL 33603	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JAVIER S Plascencia 4/22/01 813/354-1075  
Date Daytime Phone #

CR2E034 (10/00)