

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085982

1. Entity Name
TABACOS DE LA CORDILLERA (U.S.), INC.

Principal Place of Business Mailing Address
1031 West Morse Boulevard
Suite 290
Winter Park, Florida 32789

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
59-3611657

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

HADLEY, RALPH V., III
1031 W. MORSE BLVD., Suite 220/60
WINTER PARK, FL 32789

Name

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

Suite 160

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 HEREIN: FEE IS \$15.00
After MAY 1, 2000 Fee will be \$25.00
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	☐ Delete
NAME	GUANI, FILIPPO	
STREET ADDRESS	1031 W. MORSE BLVD., ST. 270	
CITY - ST - ZIP	WINTER PARK, FL 32789	
TITLE	VD	☐ Delete
NAME	KLEIN, TRACY	
STREET ADDRESS	1031 W. MORSE BLVD., St. 270	
CITY - ST - ZIP	Winter Park, FL 32789	
TITLE	SD	☐ Delete
NAME	GUANI, SANTINA	
STREET ADDRESS	1031 W. MORSE BLVD., St. 270	
CITY - ST - ZIP	WINTER PARK, FL 32789	☐ Delete
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	Suite 160	
CITY - ST - ZIP		
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	Suite 160	
CITY - ST - ZIP		
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	Suite 160	
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
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)(f), 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

Date

Daytime Phone #

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90311 044 ***150.00

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DO NOT WRITE IN THIS SPACE

CP2E034 (9/99)