## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 12, 2000 8:00 am Secretary of State DOCUMENT # P99000104357 ROCO TOBACCO (USA), INC. 04-12-2000 90007 039 \*\*\*150.00 Principal Place of Business Mailing Address 9200 S. DADELAND BLVD.. SUITE 412 9200 S. DADELAND BLVD., SUITE 412 MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address 11800 N.W. 102 Rd. same Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 65-0964544 Medley, \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 33178 USA → 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOREN, BARRY M Street Address (P.O. Box Number is Not Acceptable) 9200 S. DADELAND BLVD., SUITE 412 **MIAMI FL 33156** 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE Delete TITLE BOREN, BARRY M NAME NAME STREET ADDRESS 9200 S. DADELAND BLVD., SUITE 412 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33156** ☐ Addition Change ☐ Delete TITLE P&D NAME Theo Rooyakkers STREET ADDRESS STREET ADDRESS 11800 N.W. 102 Rd. CITY-ST-ZIP CITY-ST-ZIP Medley FL <del>33178</del> Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ⟨□ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP alify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I triat my signature shall have the same legal effect as if made under oath; that I am an officer or director report as regulfed by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with this filing does not ort is fue and accordate empowered to execute the ss, with all other like on 13. I hereby certify that the information supplied indicated on this report or supplemental rep ute this of the corporation or the receiver or trus changed, or on an attachment with an a

President & Dir. 3/29/00(305)670-2200