

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083493

1. Entity Name

QUALITY TOBACCO DISTRIBUTORS, INC.

FILED

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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
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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AMENDED UBR

4. FEI Number 65-0863074

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

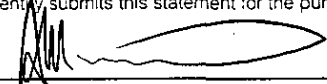
6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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:  DATE: **03/13/00**

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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARTZ, CLAIRE 4800 S.W. 51ST STREE , #106 DAVIE FL 33314 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAMAN, ANDRE 4800 S.W. 51ST STREE , #106 DAVIE FL 33314 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FRANCO, JOSEPH 4800 S.W. 51ST STREE , #106 DAVIE FL 33314 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PD ANDRE MAMAN 4800 S.W. 51 STREET, #106 DAVIE, FL 33314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000003203980--2 -04/11/00--01100--020 ****61.25 ****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **JOSEPH FRANCO** DATE: **03/13/00** DAYTIME PHONE #: **(954) 792-3200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #