

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069478

1. Entity Name

ZALDIVA CIGARZ & NEWZ CORPORATION

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90119 014 \*\*\*150.00

Principal Place of Business

2805 E. OAKLAND PARK BLVD.  
FT. LAUDERDALE FL 33306

Mailing Address

2805 E. OAKLAND PARK BLVD.  
FT. LAUDERDALE FL 33306-1813

2. Principal Place of Business

Suite, Apt. #, etc.

\*376

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

\*376

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0773383

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

OLWEEAN, JEFF  
3850 GALT OCEAN DR #706  
FT LAUDERDALE FL 33308

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

Jeff Olweean

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

(NOTE: Registered Agent signature required when reinstating)

4/12/00  
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | PT                         | <input type="checkbox"/> Delete |
| NAME           | OLWEEAN, JEFF              |                                 |
| STREET ADDRESS | 3850 GALT OCEAN DRIVE      |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL 33308    |                                 |
| TITLE          | S                          | <input type="checkbox"/> Delete |
| NAME           | LEIGH, NICOLE              |                                 |
| STREET ADDRESS | 215 N.E. 23RD STREET #W309 |                                 |
| CITY-ST-ZIP    | WILTON MANORS FL 33305     |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

JEFF OLWEEAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00  
Date

954-453-5001  
Daytime Phone #

CR2E034 (9/99)