

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088917

1. Entity Name
CIGARS BY MARIO, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90176 042 ***150.00

Principal Place of Business Mailing Address
7700 NORTH KENDALL DRIVE 7700 NORTH KENDALL DRIVE
SUITE 405 SUITE 405
MIAMI FL 33156 MIAMI FL 33156-7565



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
11612 N. KENDALL DR *11612 N. KENDALL DR.*
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State, City & State
MIAMI, FLA *MIAMI, FLA*
Zip Country Zip Country
33176 *USA* *33176* *USA*

4. FEI Number Applied For
65-0873189 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
LEITMAN, LORN-
7700 NORTH KENDALL DRIVE
SUITE 405
MIAMI FL 33156

7. Name and Address of New Registered Agent
Name *BRUCE NEWMAN*
Street Address (R.O. Box Number is Not Acceptable) *9595 N. KENDALL DR. Suite 205*
City *MIAMI* FL Zip Code *33176*

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 *Bruce Newman* DATE *1/15/00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VP	<input checked="" type="checkbox"/> Delete
NAME	LEITMAN, LORN-	
STREET ADDRESS	7700 N. KENDALL DR. #405	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SIRULNIK, MARIO	
STREET ADDRESS	11612 N. KENDALL DR.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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: *[Signature]* DATE: *1-15-00*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)