## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE A

## FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # 339757 1. Entity Name ARTURO FUENTE CIGAR FACTORY, INC. 05-15-2000 90094 048 \*\*\*150.00 Principal Place of Business Mailing Address 1310 NORTH 22ND ST. P O BOX 75827 TAMPA FL 33675-0827 TAMPA FL 33605-5317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1287206 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHARP, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 4830 W KENNEDY BLVD STE, 630 **TAMPA FL 33609** Zip Code City F٤ 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. 12. Change ☐ Addition **PSDT** TITLE ☐ Delete Suarez, Cynthia F. NAME STREET ADDRESS STREET ADDRESS 1310 N 22ND ST CITY-ST-ZIP CITY-ST-ZIP TAMPA FL VΡ TITLE Change Addition ☐ Delete FUENTE, CARLOS A NAME NAME STREET ADDRESS STREET ADDRESS 1310 N 22ND ST CITY-ST-7IP CITY-ST-ZIP TAMPA FL ★ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE 33605-5317 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNING OFFICER OR DIRECTO