

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 381310

1. Entity Name

8 & 8 CIGARS CORPORATION

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90033 020 \*\*\*150.00

Principal Place of Business

4823 S.W. 75 AVENUE  
MIAMI FL 33155

Mailing Address

4823 S.W. 75 AVENUE  
MIAMI FL 33155-4438

2. Principal Place of Business

4280 SW 73 AVENUE  
Suite, Apt. #, etc.

3. Mailing Address

4280 S.W. 73 AVENUE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FLORIDA

Zip  
33155

Country

City & State  
MIAMI, FLORIDA

Zip  
33155

Country

USA

4. FEI Number

59-1356643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MELENZ, DOMINGO  
4280 S.W. 73 AVENUE  
MIAMI FL 33155

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MELENZ, DOMINGO	
STREET ADDRESS	4605 S.W. 87 AVENUE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	S	<input type="checkbox"/> Delete
NAME	MELENZ, JESUS	
STREET ADDRESS	1240 MILAN AVENUE	
CITY-ST-ZIP	MIAMI FL 33134	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME	
STREET ADDRESS	
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOMINGO MELENZ

Date

1/28/00

Daytime Phone #

305-264-7203

CR2E034 (9/99)