

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G76808

1. Entity Name

LUIS MARTINEZ CIGAR COMPANY

Principal Place of Business

Mailing Address

2701 16TH STREET  
TAMPA FL 33605

2701 16TH STREET  
TAMPA FL 33605-2616

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

NEWMAN, STANFORD J.  
2701-16TH STREET  
TAMPA FL 33605

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	CD	<input type="checkbox"/> Delete
NAME	NEWMAN, STANFORD J.	
STREET ADDRESS	3435 BAYSHORE, #800 NORTH	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NEWMAN, ROBERT C.	
STREET ADDRESS	3102 BEACH DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NEWMAN, ERIC M.	
STREET ADDRESS	401 ROYAL POINCIANA DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	PURVIS, ROBERT E.	
STREET ADDRESS	17416 HEATHER OAKS PL	
CITY-ST-ZIP	TAMPA FL 33647	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90083 017 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2415830

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of New Registered Agent