

8/13/01-90063-011-\$150.00-\$150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000028121**1. Entity Name
LAS AROMAS CIGAR, CORPORATIONPrincipal Place of Business
**16680 SOUTH POST RD. #202
WESTON FL 33331**Mailing Address
**16680 SOUTH POST RD. #202
WESTON FL 33331**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0999297☒ Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**WALTER, A P JRESO.
300 ARAGON AVENUE
SUITE 370
CORAL GABLES FL 33134**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PSTD** ☒ Delete
NAME **DE WINDT, DAVID**
STREET ADDRESS **7270 N.W. 12TH STREET #281**
CITY-ST-ZIP **MIAMI FL 33126**TITLE **PSTD** ☒ Change ☐ Addition
NAME **De Windt, David**
STREET ADDRESS **16680 South Post Rd. # 202**
CITY-ST-ZIP **Weston, Fla. 33331**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PSTD** ☒ Change ☐ Addition
NAME **De Windt, David**
STREET ADDRESS **16680 South Post Rd. # 202**
CITY-ST-ZIP **Weston, Fla. 33331**TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 information.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/2001

954-659-0367

Date

Daytime Phone #

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 27 AM 9:44



DO NOT WRITE IN THIS SPACE

0080072 AN

CR2034 (5/01)



Attachment

A0081090

Doc. # P00000028121

July 14, 2001

**UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS**

P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Penalty

Document#: P00000028121

To Whom It May Concern:


I would like to inform you that I never received the 2001 uniform business report (UBR) in order to renew my corporation before May 1st, 2001.

My former address was 7270 N.W. 12th Street #281 Miami, FL 33126 where I originally registered the corporation, and on February 14, 2001, I moved to a new location, filing the change of address on the same date. The address below is my mailing address and not my actual location.

I believe that I should not be penalized when I have not made any mistake. Thus, I hereby request the removal of the penalty since I did not fail to comply with this requirement. I hope that you will understand and accept my reason as valid and legitimate.

If you need any further information, do not hesitate to contact me. Thank you in advance for your attention and expecting a favorable response.

Very truly yours,


David de Windt
President

DW/jag