## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

WESTON FL 33331

## P00000028121 **DOCUMENT #**

1. Entity Name

Principal Place of Business

16680 SOUTH POST RD. #202

LAS AROMAS CIGAR, CORPORATION



Jan 30, 2003 8:00 am Secretary of State 01-30-2003 90167 040 \*\*\*150.00

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Mailing Address 16680 SOUTH POST RD. #202	

Suite, Apr I, etc.   Suite, Apr II, etc.   Suite, Additional Fas Required Suiter of Agent III.   Suite Additional Fas Required Suiter of Agent III.   Suite Additional Fas Required Suiter of Agent III.   Suiter Apr III.   Suiter Additional Fas Required Suiter of Agent III.   Suiter Additional Fas Required For Required Fas Required For Required For Required For Required For Required	WESTON FL 33331 WESTON FL 33331												
City & State    City & State   City & State   City & State   4. FEI Number   65-0989297   Page   Pag	2. Principal Place of Business 3. Mailing Add			ling Address	Idress						<b>0</b> 1 11 <b>010</b> 110	B1 (18F FB8)	
Zip Country Zip Country S. Certification of Status Desired St.7 Additional Fee Required  8. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Fee Required  8. Name Country Sures Address (P.O. Biox Number is Not Acceptable)  Sures Address	Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent.  WALTER, A P JR.ESO. 300 ARAGON AVENUE SUITE 370  **CORAL, GABLES FL 33134  **Ent Tournel and Address (P.O. Box Number is Not Acceptable)  **CORAL, GABLES FL 33134  **City FL Zip Code**  **Colly FL Zip Code**  **Colly FL Zip Code**  **Colly FL Zip Code**  **Colly FL Zip Code**  **Street Address (P.O. Box Number is Not Acceptable)  **The three chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent agent.  **SIGNATURE**  **Signature, types or primar terms for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent.  **SIGNATURE**  **SIGNATURE**  **Signature, types or primar terms for title 1 spokicistle**  **INCE Title May 1, 2003 Fee will be \$550.00  **After May 1, 2003 Fee w	City & State				City & State				65-10002Q/				
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WALTER, A P JR.ESQ. 300 ARAGRON AVENUE SUITE 370  **City**  **City		6. Name	and Address of Current	Registere	ed Agent.		عران هندار		7., Na	ame and Address of New Registe	ered Agent	i	and the terms of Parking
300 ARAGON AVENUE SUITE 370  City FL Zip Code  6. The jibove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME  SIRET ADDRESS  OTY-ST-2P  TILE NAME  SIRET ADDRESS  OTY-ST-	-		,			-	Name						
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SUITE 370  **TOPAL GABLES FL 33134**  **Dispose named entity submits this statement for the purpose of changing lis registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  **SIGNATURE**  **FILE NOW!!!**  **FILE NOW!!!*  **FILE NOW!!*  **FILE	_						Street Address (P.O. Box Number is Not Acceptable)						
B. The jibove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.    Signature		•	_										
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After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 'Agent signature required when reinstating)  DATE												
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12. 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 that report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

Daytime Phone #