

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90395 033 ***150.00

DOCUMENT # P00000058741

1. Entity Name
CIGARS AT THE BEACH, INC.

Principal Place of Business

8511 NW 25TH COURT
 SUNRISE FL 33322

Mailing Address

8511 NW 25TH COURT
 SUNRISE FL 33322

UUU44418



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17 S. FT. LAUD BCH BLVD

3. Mailing Address

5400 S. UNIVERSITY DR

Suite, Apt. #, etc.

SUITE #210

Suite, Apt. #, etc.

SUITE #501-K

City & State

FT. LAUDERDALE, FL

City & State

DAVIE, FL

4. FEI Number

65-1020284

Applied For

Not Applicable

Zip

33316

Country

U.S.A.

Zip

33328

Country

U.S.A.

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

NELSON, LINDA S
8511 NW 25TH COURT
SUNRISE FL 33322

Name

Armando O. Pozo

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

5400 S. UNIVERSITY DR

SUITE # 501-K

City

DAVIE

FL

Zip Code

33328

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 of Armando Pozo]
Armando Pozo

04-26-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, LINDA S	
STREET ADDRESS	8511 NW 25TH COURT	
CITY-ST-ZIP	SUNRISE FL 33322	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT/SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARMANDO POZO	
STREET ADDRESS	8965 NW 41 STREET	
CITY-ST-ZIP	COOPER CITY, FL 33024	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEISY B. POZO	
STREET ADDRESS	8965 NW 41 STREET	
CITY-ST-ZIP	COOPER CITY, FL 33024	
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

[Signature of Armando Pozo]
Armando Pozo

Date

Daytime Phone #

4-26-01 (954) 680-1770

CR2E034 (10/00)