

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

DOCUMENT # P00000073219

1. Entity Name  
CIGAR PLUS ENTERPRISE, INC.



01-17-2003 90205 001 \*\*\*150.00  
01-17-2003 90205 002 \*\*\*\*\*8.75  
01-17-2003 90205 003 \*\*\*\*\*5.00

Principal Place of Business  
4716 NW 114 AVENUE #103  
MIAMI FL 33178

Mailing Address  
4716 NW 114 AVENUE #103  
MIAMI FL 33178

2. Principal Place of Business

4995 NW 79 AVE

3. Mailing Address

4716 NW 114 AVE

Suite, Apt. #, etc.

SUITE 112

Suite, Apt. #, etc.

APT # 103

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33166

Country

USA

Zip

33178

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1029570

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOSS, A.  
782 NW 42ND AVENUE #448  
MIAMI FL 33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

~~FILE NOW!!! FEE IS \$150.00~~

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☒

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BETANCOURT, ROGERS JOSE  
STREET ADDRESS 4716 NW 114 AVENUE #103  
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE TD  
NAME OROPEZA, GLADYS T  
STREET ADDRESS 4716 NW 114 AVENUE #103  
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE SD  
NAME PACHECO, JULIO C  
STREET ADDRESS 12209 SW 14 LANE #1108  
CITY-ST-ZIP MIAMI FL 33184 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 this 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:

ROGERS JOSE BETANCOURT

JAN-10-2003 786 229 2639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)