2001 UNIFORM BUSINESS REPORT (UBR)

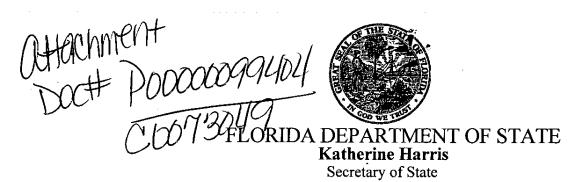
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SIGNATURE:

Secrétary of State DOCUMENT # P00000099404 07-10-2001 90561 002 ***150.00 CUBAN JOE'S CIGAR SHOP COMPANY Principal Place of Business Mailing Address 425 GREENE STREET 425 GREENE STREET KEY WEST FL 33040 KEY WEST FL 33040 C0073049 2. Principal Place of Business 3. Mailing Address Suire, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1050819 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOVEDA, IRMA L Street Address (P.O. Box Number is Not Acceptable) **425 GREENE STREET** KEY WEST FL 33040 City 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 (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Change ☐ Addition TITLE TITLE Delete BOVEDA, IRMA L NAME NAME **425 GREENE STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 Change ☐ Addition Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-ST-ZIE Change TITLE - 🖸 Delete TITLE = NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filting 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

FILED

Jul 10, 2001 8:00 am



June 1, 2001

CUBAN JOE'S CIGAR SHOP COMPANY 425 GREENE STREET KEY WEST, FL 33040

Subject: CUBAN JOE'S CIGAR SHOP COMPANY

Reference

P00000099404

Number: -

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/LL ANNUAL REPORTS SECTION