

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099404

1. Entity Name

CUBAN JOE'S CIGAR SHOP COMPANY

Principal Place of Business

425 GREENE STREET
KEY WEST FL 33040

Mailing Address

425 GREENE STREET
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1050819

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOVEDA, IRMA L
425 GREENE STREET
KEY WEST FL 33040

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

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 \$350.00
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

NAME

STREET ADDRESS

CITY-ST-ZIP

PO
BOVEDA, IRMA L
425 GREENE STREET
KEY WEST FL 33040

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

Change

Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

IRMA L BOVEDA

4-25-01 (215) 395-1217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 29 PM 1:35

C0073049



DO NOT WRITE IN THIS SPACE

CR25034 (10/00)

300004916673-6
-02/13/02--01069-004
***185.00 ***185.00

3/29/02

January 23, 2002

Florida Department of State
Pat Bailey
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Cuban Joe's Cigar Shop Co
Ref No. P00000099404

*Sen;
okay to wire
reinst fee
and update*

Dear Ms. Bailey:

As per our conversation today, January 23, 2002, I am writing to you. As I mentioned the only two letters I received from you were one dated June 1, 2001, and the second one dated October 16, 2001. At which time I made a \$150.00 money order and mailed it to you on October 17. The only reason I found out that my corporation was dissolved was because I phoned to find out about obtaining a certified Articles of Incorporation.

Enclosed please find a money order for the amount of \$165.00; which was the amount you quoted to me, and a money order for \$10.00 to request a certified Articles of Incorporation.

If you need any additional information, please write or call me at the address and/or telephone number below.

Thanking you in advance for all your assistance in resolving this issue.

Sincerely,

Irma L. Boveda

Irma L. Boveda
Cuban Joe's Cigar Shop Co.
425 Greene Street
Key West, FL 33040
(305) 295-1277 Bus
(305) 797-9140 Cell

Enclosures