

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90428 022 ***150.00

DOCUMENT # **PO1 000025827** ✓

1. Entity Name

Havana Blues Art II, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19717 Morden Blush Dr.

Suite, Apt. #, etc.

3. Mailing Address

19717 Morden Blush Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lutz, FL

City & State

Lutz, FL

4. FEI Number

01-0629693

Applied For

Not Applicable

Zip

33558

Country

U.S.A.

Zip

33558

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Carolina Maria Miniet

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

19717 Morden Blush Dr.

City

Lutz

FL

Zip Code

33558

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.

Carolina M. Miniet Vice President 4/29/02

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Maria Cristina Smith
11310 Orange Grove Drive
Tampa, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Vice President
Carolina Maria Miniet
19717 Morden Blush Dr.
Lutz, FL 33558**

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolina M. Miniet

4/29/02

Date

813-920-3457

Daytime Phone #

CR2E034B (12/01)