

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P01000052793*

1. Entity Name

DON ANDRES HANDMADE CIGARS, INC.

FILED

02 DEC 26 AM 9:35

Principal Place of Business

Mailing Address

376 N.E. 56th St Miami, FL 33137 *376 N.E. 56th St Miami, FL 33137*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-1108279

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDRES FERNANDEZ
376 N.E. 56th St
Miami, FL 33137

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, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

PD ☐ Delete
ANDRES FERNANDEZ
11473 SW 75th St
Miami, FL 33173

VPD ☐ Delete
JAN PETTER BRIMSON
5900 COLLINS AVE. #1701
MIAMI BEACH FL 33140

☐ 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
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
700009649687
*12/24/02--01004--001 **61.25*

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

VP ☐ Change ☒ Addition
ROLANDO GONZALEZ
8620 BYRON AVE #10A
MIAMI BEACH FL 33141

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

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

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

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 617, 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

Andres Fernandez

12-19-2002

CR2E037 (9/99)