

AMENDED 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000053999

1. Entity Name
AROMA CIGARS OF MIAMI, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 23 AM 8:48

Principal Place of Business
628 S W 22ND AVENUE
MIAMI, FL 33135

Mailing Address
628 S W 22ND AVENUE
MIAMI, FL 33135

2. Principal Place of Business

628 SW 22nd AVENUE

Suite, Apt. #, etc.

3. Mailing Address

628 SW 22nd Avenue

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-1126557

Applied For

Not Applicable

Zip

33135

Country

USA

Zip

33135

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOSA, JUAN
628 S W 22ND AVENUE
MIAMI, FL 33135

Name

JUAN SOSA

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

628 SW 22nd Avenue

City

Coral Gables

FL

Zip Code

33135

7. Name and Address of New Registered Agent

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

Juan Sosa

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

(NOTE: Registered Agent signature required when resigning)

Sept. 18, 2003

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SOSA, JUAN
628 S W 22ND AVENUE
MIAMI, FL 33135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VB
SOSA, MARIAT
628 S W 22ND AVENUE
MIAMI, FL 33135 ☒ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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☐ Change ☐ Addition

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☐ 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:

Juan Sosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/03

305 446 2606

Date

Daytime Phone #

CR2E034 (10/02)

9/25