

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

FILED
Oct 01, 2002 8:00 am
Secretary of State

10-01-2002 90175 015 ***550.00

DOCUMENT # P01000084184

1. Entity Name

De Los Reyes Cigars, Inc.

DO NOT WRITE IN THIS SPACE

678637

2. Principal Place of Business
10813 NW 29th Street
Suite, Apt. #, etc.

3. Mailing Address
1001 Brickell Bay Dr.
Suite, Apt. #, etc.
9th Floor

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
46-0489990

Applied For
Not Applicable

Zip
33172

Country
USA

Zip
33131

Country
USA

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
Carlos DaCruz
Street Address (P.O. Box Number is Not Acceptable)
7126 NW 112 Court

City
Miami **FL** Zip Code
33178

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 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	<u>President</u> <u>Augusto A. Reyes</u> <u>10973 NW 59th Street</u> <u>Miami, FL 33178</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vice-President</u> <u>Carlos DaCruz</u> <u>7126 NW 112 Court</u> <u>Miami, FL 33178</u>
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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

Carlos DaCruz 9/30/02 (305) 373-5500

Date

Daytime Phone #

CR2E034B (12/01)