

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90208 020 ***150.00

DOCUMENT # P01000107512

1. Entity Name
SIGARO ENTERPRISE INC



Principal Place of Business
**8840 NE 9 CT
MIAMI FL 33138-3317**

Mailing Address
**8840 NE 9 CT
MIAMI FL 33138-3317**

2. Principal Place of Business

3. Mailing Address
12789 SW TEHBROKE CIR. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAKE SUZY, FL

Zip

Country

Zip

34269

Country

USA

4. FEI Number **65-1152216**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SIGNER, FRANZ
8840 NE 9 CT
MIAMI FL 33138-3317**

7. Name and Address of New Registered Agent

Name
SIGNER FRANZ

Street Address (P.O. Box Number is Not Acceptable)
12789 SW TEHBROKE CIR. N.

City
LAKE SUZY

FL

Zip Code
34269

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D** ☐ Delete
NAME **SIGNER, FRANZ**
STREET ADDRESS **8840 NE 9 CT**
CITY-ST-ZIP **MIAMI FL 33138-3317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **SIGNER FRANZ**
STREET ADDRESS **12789 SW TEHBROKE CIR. N.**
CITY-ST-ZIP **LAKE SUZY FL 34269**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-03

Date

941 255 3806

Daytime Phone #

CR2E034 (10/02)