

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 25, 2003 8:00 am
Secretary of State

2/1

02-13-2003 90235 028 ***150.00

DOCUMENT # P02000025703

1. Entity Name
UNCLE MIKEY CIGAR DISTRIBUTORS, INC.



Principal Place of Business
**348 MARKHAM P
DEERFIELD BEACH FL 33442**

Mailing Address
**348 MARKHAM P
DEERFIELD BEACH FL 33442**

2. Principal Place of Business
1999 NW 55 AVE

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State
MARGATE FL

City & State

Zip
33063

Country
BROWARD

Zip

Country

4. FEI Number
01-6624005

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KIRSCH, JEFFREY M ESQ
43 SEMINOLE ST.
STUART FL 34994**

7. Name and Address of New Registered Agent

Name
MIKE BANKS

Street Address (P.O. Box Number is Not Acceptable)
1999 NW 55th AVE

City
MARGATE

State
FL

Zip Code
33063

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  DATE **2/11/03**

(NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. BANKS, MICHAEL 348 MARKHAM P DEERFIELD BEACH FL 33442	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **DATE REQUIRED** **2/11/03** **954-973-4129**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR207534 (10/02)