

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90822 011 ***150.00

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DOCUMENT # P02000029481

1. Entity Name
SANDRA CIGAR CORPORATION



Principal Place of Business
**1200 WEST AVE
APT 625
MIAMI BEACH FL 33139**

Mailing Address
**1200 WEST AVE
APT 625
MIAMI BEACH FL 33139**



2. Principal Place of Business

3. Mailing Address

5101 Collins Ave Apt 6E

5101 Collins Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Beach FL

Miami Beach FL

Zip

Zip

33140

Country

Country

US

33140

Country

US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0565797

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AGUIRRE, SANDRA P
1200 WEST AVE
APT 512
MIAMI BEACH FL 33139**

Name

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

5101 Collins Ave Apt 6E

City **Miami Beach**

FL

Zip Code

33140

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.

Sandra P Aguirre

(NOTE: Registered Agent signature required when reinstating)

4/28/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **AGUIRRE, SANDRA P**
STREET ADDRESS **1200 WEST AVE APT 512**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **Aguires, Sandra P** ☒ Change ☐ Addition
NAME **5101 Collins Ave Apt 6E**
STREET ADDRESS **MB FL 33140**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 line empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)