

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90830 015 ***150.00

DOCUMENT # P02000061109

1. Entity Name
THE PERFECT CIGAR INCORPORATED



Principal Place of Business
**6295 GULF BLVD
SUITE #1
ST. PETERSBURG FL 33706**

Mailing Address
**6295 GULF BLVD
SUITE #1
ST. PETERSBURG FL 33706**

2. Principal Place of Business

7403 Coarsey Dr
Suite, Apt. #, etc.

3. Mailing Address

7403 Coarsey Dr
Suite, Apt. #, etc.

City & State
Tampa Florida

City & State
Tampa Florida

4. FEI Number
16-1615896

Applied For
Not Applicable

Zip
33604

Country
USA

Zip
33604

Country
USA

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

**RAMIREZ, ABRAHAM
6295 GULF BLVD
SUITE #1
ST. PETERSBURG FL 33706**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **Abraham Ramirez**
Signature, typed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/26/03
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 NAME STREET ADDRESS CITY-ST-ZIP	P RAMIREZ, ROBERTO 6295 GULF BLVD, SUITE #1 ST. PETERSBURG FL 33706	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAMIREZ, ABRAHAM 6295 GULF BLVD, SUITE #1 ST. PETERSBURG FL 33706	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAMIREZ, CLARA 6295 GULF BLVD, SUITE #1 ST. PETERSBURG FL 33706	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ramirez, Roberto 7403 Coarsey Dr Tampa, FL 33604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ramirez, Abraham 7403 Coarsey Dr Tampa, FL 33604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Ramirez, Clara 7403 Coarsey Dr Tampa FL 33604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Abraham Ramirez** **3/26/03** **(813) 933-2756**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)