FILED
May 23, 2003 8:00 am
Secretary of State

04-28-2003 90168 011 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000113192

1. Entity Name

CARIBE CIGARS & MORE, INC.

DO NOT WRITE IN THIS SPACE

55043200

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10257 NW 9 ST CIR	10257 NW 9 ST CIR
Suite, Apt. #, etc.: # 107	Suite, Apt. #, etc.: # 107
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33172 Country: USA	Zip: 33172 Country: USA

4. FEI Number: 51-0436139 ☐ Applied For ☐ Not Applicable

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: GLORIA INES HASSANAIN

Street Address (P.O. Box Number is Not Acceptable): 10257 NW 9 ST CIRCLE # 107

City: MIAMI, FL Zip Code: 33172

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: Gloria Ines Hassanain GLORIA INES HASSANAIN MAY 1, 2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES/DIR/TREAS GLORIA INES HASSANAIN 10257 NW 9 ST CIRCLE # 107 MIAMI, FL 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRES/DIR/SECRETARY CLAUDIO R ARCERITO 465 SOUTH ROYAL POINCIANA BLVD. MIAMI SPRINGS, FL 33166
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gloria Ines Hassanain GLORIA INES HASSANAIN PRESIDENT MAY 1, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #