

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90277 003 \*\*\*150.00

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

**DOCUMENT #** P94000049122

**1. Entity Name**

SABOR HAVANA CIGARS, INC.

123398

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

10101 S.W. Sunset Dr.  
Suite, Apt. #, etc.

**3. Mailing Address**

10101 S.W. Sunset Dr.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Miami, FL

**City & State**

Miami, FL

**4. FEI Number**

65-0511781

**Applied For**

☐ Not Applicable

**Zip**

33173

**Country**

USA

**Zip**

33173

**Country**

USA

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

VALDES, JORGE L.

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

13343 S.W. 59th Ln

**City**  
Miami

**FL**

**Zip Code**  
33173

**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.**

**SIGNATURE**

Signature, type and print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

7-30-02

**DATE**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$250.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE**  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DP  
VALDES, JORGE L.  
10101 S.W. Sunset Dr.  
Miami, FL 33173

**TITLE**  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DSEC  
LEGRA, AQUILES  
10101 S.W. Sunset Dr.  
Miami, FL 33173

**TITLE**  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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**DO NOT WRITE IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE, TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge L. Valdes

President

**DATE**

7-30-02

**Daytime Phone #**

305-412-0720

CR2E034B (12/01)

Attachment  
123398

**SABOR HAVANA CIGARS, INC.**  
**10101 S.W. SUNSET DRIVE**  
**Miami, FL 33173**

July 18, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: SABOR HAVANA CIGARS**  
**DOCUMENT# P94000049122**  
**2002 PROFIT CORPORATION ANNUAL REPORT**

Gentlemen:

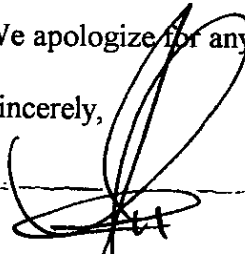
Enclosed find our 2002 Annual Report and our \$150.00 check for the filing fee.

Please be advised that due to our change of address, we never received the 2002 Annual Report in the mail. On this date, our accountant notified us that the report had not been filed and needs to be filed immediately.

Our new address is **10101 S.W. SUNSET DRIVE, MIAMI, FL 33173**

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,



**JORGE L. VALDES**