

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082312

1. Entity Name

CIGAR DEPOT, INC. IMPORT & EXPORT

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90038 030 ***550.00

Principal Place of Business

3660 N.W. 48 TERRACE
MIAMI FL 33142
US

Mailing Address

3660 N.W. 48 TERRACE
MIAMI FL 33142
US

2. Principal Place of Business

1920 SW 8 ST
Suite, Apt. #, etc.

3. Mailing Address

3662 NW 48 TERR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL
Zip 33135 Country US

City & State

Miami, FL
Zip 33142 Country US

4. FEI Number

65-0630332

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMAYA, EDUARDO
4600 SW 5TH TERRACE
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name AMAYA, Eduardo

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

36 SW 76 COURT

City Miami

FL

Zip Code 33144

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME AMAYA, EDUARDO
STREET ADDRESS 36 S.W. 76 COURT
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

415100

CR2E034 (5/00)