

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019013

1. Entity Name

PUROS INDIOS CIGARS, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90073 029 ***150.00

Principal Place of Business

Mailing Address

114 N.W. 22ND AVENUE
MIAMI FL 33125

114 N.W. 22ND AVENUE
MIAMI FL 33125-5242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0669178

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEYTE-VIDAL, HENRY ESQ.
2223 CORAL WAY
MIAMI FL 33145

Name

Robert Rossano

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

1110 Brickell Ave 2nd Floor

City

Miami

FL

Zip Code

33131

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME REYES, ZEIDA
STREET ADDRESS 114 N.W. 22ND AVE.
CITY-ST-ZIP MIAMI FL 33125

TITLE Rolando Reyes OWNER ☐ Change ☐ Addition
NAME 114 NW 22 AVE
STREET ADDRESS MIAMI, FL. 33125
CITY-ST-ZIP

TITLE V ☐ Delete
NAME DIEZ, CARLOS E
STREET ADDRESS 14179 SW 165 ST
CITY-ST-ZIP MIAMI FL 33177

TITLE CARLOS E. Diez ☐ Change ☐ Addition
NAME 14179 SW 165 ST (President)
STREET ADDRESS MIAMI, FL 33177
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
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: Rolando Reyes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rolando Reyes 2/14/00
Date Daytime Phone #

CR2E034 (9/99)