

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90098 011 ***150.00

DOCUMENT # P96000019013

1. Entity Name
PUROS INDIOS CIGARS, INC.

Principal Place of Business

114 N.W. 22ND AVENUE
MIAMI FL 33125

Mailing Address

114 N.W. 22ND AVENUE
MIAMI FL 33125

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0669178**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSSANO, ROBERT
1110 BRICKELL AVE 7TH FLOOR
MIAMI FL 33131

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.

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	0.P	<input type="checkbox"/> Delete
NAME	REYES, ROLANDO SR.	
STREET ADDRESS	114 NW 22 AVE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DIEZ, CARLOS E	
STREET ADDRESS	14179 SW 165 ST	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	owner, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rolando Reyes, SR.	
STREET ADDRESS	114 NW 22 AVE	
CITY-ST-ZIP	Miami, FL 33125	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos E. Diez	
STREET ADDRESS	14821 SW 150 ST	
CITY-ST-ZIP	Miami, FL 33196	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alexis Diez	
STREET ADDRESS	22400 SW 207 AVE	
CITY-ST-ZIP	Miami, FL 33170	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Onieda R. Diez	
STREET ADDRESS	22400 SW 207 AVE	
CITY-ST-ZIP	Miami, FL 33170	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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
CARLOS E. DIEZ

Date

Daytime Phone #

1-14-02

305-644-1116

CP2E034 (9/01)