

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028160

1. Entity Name

THE CIGAR CONNECTION, INC.

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90260 013 \*\*\*150.00

Principal Place of Business

534 LINCOLN RD  
MIAMI BEACH FL 33139  
US

Mailing Address

2500 NW 79 AVE  
SUITE 207  
MIAMI FL 33122-1071  
US

2. Principal Place of Business

3020 NW 79 Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

FL

4. FEI Number

65-0658147

Applied For

Not Applicable

Zip

33122

Country

USA

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

MCLOUGHLIN, LINDA G  
2500 N.W. 79TH AVENUE  
MIAMI FL 33122

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, 2001 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	DCEO	<input type="checkbox"/> Delete
NAME	ALVAREZ, JOSE M	
STREET ADDRESS	2500 NW 79TH AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARTINEZ, ROBERT R	
STREET ADDRESS	2500 NW 79 AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PADRON, CARLOS A	
STREET ADDRESS	2500 NW 79TH AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	DPCO	<input type="checkbox"/> Delete
NAME	PEREZ, ROSARIO	
STREET ADDRESS	2500 NW 79TH AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ALVAREZ, DAVID M.	
STREET ADDRESS	2500 NW 79TH AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TARGAS, ED S	
STREET ADDRESS	2500 NW 79 AVE	
CITY-ST-ZIP	MIAMI FL 33122	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ysidoro Gonzalez	
STREET ADDRESS	3022 NW 79 Ave	
CITY-ST-ZIP	MIAMI FL 33122	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)