

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054318

1. Entity Name

FONTICIELLA CIGAR, CORP.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90007 020 ***150.00

Principal Place of Business

Mailing Address

13167 N.W. LEJEUNE RD
 OPA LOCKA FL 33054
 US

13167 N.W. LEJEUNE RD
 MIAMI FL 33054 OPA LOCKA FL. 33054
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0678980

Applied For

Not Applicable

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

FONTICIELLA, CARLOS
 8520 NW 178TH ST
 HIALEAH FL 33015

Name

Fonticiella, Carlos Jr

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

161 EAST 59 ST

City

Hialeah

FL

Zip Code

33013

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	P	<input type="checkbox"/> Delete
NAME	FONTICIELLA, CARLOS	
STREET ADDRESS	8520 NW 178TH ST	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	V	<input type="checkbox"/> Delete
NAME	FONTICIELLA, JACK	
STREET ADDRESS	8530 NW 178TH ST	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FONTICIELLA, LISSETTE	
STREET ADDRESS	8520 NW 178TH ST	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fonticiella, Carlos Jr.
 President.

03/22/00

Date

(305) 687-4040

Daytime Phone #

CR2E034 (9/99)