## **2000 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # **P9700003765** Aug 11, 2000 8:00 am Secretary of State 1. Entity Name CIGARKINGDOM CORPORATION 08-11-2000 90095 014 \*\*\*150.00 Principal Place of Business Mailing Address 7601 N.W. 68TH STREET 7601 N.W. 68TH STREET #128 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 13501 SW. 128th STREET 13501 SW. 128th STREET Suite, Apt. #, etc. SUITE # 208 Suite, Apt. #, etc. Suite # DO NOT WRITE IN THIS SPACE 208 City & State City & State 4. FEI Number Applied For 65-0717933 MIAMI, FL MIAMI, 33186 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33186 MIAMI-DADE 33186 MIAMI-DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IGLESIAS, ADOLFO E Street Address (P.O. Box Number is Not Acceptable) 12010 SW 97TH ST. MIAMI FL 33186-2606 Zip Code FL 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITI F TITLE BRETON, PEDRO A NAME NAME STREET ADDRESS STREET ADDRESS CALLE VICTOR LARRIDO PUELLO #14. PIANTINI. CITY-ST-ZIP CITY-ST-ZIP SANTO DOMINGO DOMINICAN REPU Change ☐ Addition TITLE ☐ Delete TITI F NAME RODRIGUEZ, JACINTO NAME STREET ADDRESS 10651 SW 108TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone

Attachment of parowous is our 8622

August 9, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Dear Sir or Madam:

The attached Annual Corporate Report was not filed because the company did not receive it. They moved and unfortunately they did not get the first report. I called your office and I was told by one of your attendant that I should write this letter. I was also told to include my annual fee.

Please understand that the reason for this delay was beyond their control. I thank you for all your help and understanding in resolving this matter.

Best/regards

Adolfo E//Iglesias