

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**  
 03-20-2000 90064 045 \*\*\*150.00

**DOCUMENT # P97000026707**

1. Entity Name

**MIAMI-HAVANA CIGARS, INC.**

Principal Place of Business

1071 SW 8TH STREET  
 MIAMI FL 33130  
 US

Mailing Address

1071 SW 8TH STREET  
 MIAMI FL 33130-3601  
 US

2. Principal Place of Business

**610 SW 19TH RD.**

3. Mailing Address

**5995 SW 8TH ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

Country

**33129**

Zip

Country

**33144**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPO, HECTOR**  
**1071 SW 8TH STREET**  
**MIAMI FL 33130**

Name

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

**610 SW 19TH RD**

City

FL

Zip Code

**33129**

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. ☐

**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 ☐ Delete  
 NAME **PS**  
 STREET ADDRESS **CAPO, HECTOR JR**  
 CITY-ST-ZIP **939 SW 9TH STREET**  
**MIAMI FL 33130**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **610 SW 19TH RD.**  
 CITY-ST-ZIP **MIAMI FL 33129**

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  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Hector Capo**  
**President**

Date

Daytime Phone #

**3/14/00 (305) 72-7010**