2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P97000029386** 1. Entity Name OLIVA CIGAR CO. 04-30-2001 90332 040 ***150.00 Principal Place of Business Mailing Address 3400 CORAL WAY #600 3400 CORAL WAY #600 MIAMI FL 33145-3053 MIAMI FL 33145-3053 2. Principal Place of Business 3. Mailing Address <u>6824 N.W. 77th COURT</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 58-2268398 FLORIDA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33166-2713 U.S.A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OLIVA, JEANNIE D OLIVA, GINNIE Street Address (P.O. Box Number is Not Acceptable) 12875 S.W. 119 TERRACE MIAMI FL 33187 6824 N.W. 77th COURT MIAMI, FLORIDA 2713 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE OLIVA. GILBERTO F NAME NAME STREET ADDRESS STREET ADDRESS 6824 N.W. 77TH COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166-2713 ☐ Addition Change $\mathtt{VPD}\mathbf{T}$ ☐ Detete TITLE TIT! F NAME OLIVA, JOSE R NAME STREET ADDRESS STREET ADDRESS 6824 N.W. 77TH COURT CITY - ST - ZIP CITY-ST-ZIP MIAMI FL 33166-2713 A Change [] Addition ☐ Delete TITLE TITLE OLIVA-SUAREZ, JEANNIE D NAME NAME 6824 N.W. 77th COURT STREET ADDRESS STREET ADDRESS 12875 SW 119 TERRACE CITY-ST-ZIP MIAMI, FLORIDA, 33166-2713 CITY-ST-ZIP MIAMI FL 33187 Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE **€**:AME 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 HAME OF SIGNING OFFICER OR DIRECTOR 04 - 10 - 01

305-446-2055

Daytime Phone #