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May 01, 2003 8:00 am
Secretary of State
05-01-2003 90770 022 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90118028

DOCUMENT # P-97000029386

1. Entity Name: OLIVA CIGAR CO

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (New)	3. Mailing Address
6051 NW 153 St.	3400 Coral Way
Suite, Apt. #, etc.	Suite, Apt. #, etc. S-600
City & State: MIAMI LAKES, FL	City & State: Miami, Fl. 33145-3053
Zip: 33014 Country:	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 582268398 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: OLIVA ,JEANNIE D

Street Address (P.O. Box Number is Not Acceptable): 6051 NW 153 St.

City: MIAMI LAKES **FL** Zip Code: 33014

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OLIVA, GILBERTO F 6824 NW 77th Court MIAMI, FL 33166	x change 6051 NW 153 St. MIAMI LAKES, Fl. 33014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD OLIVA, JOSE R 6824 NW 77th Court MIAMI, FL 33166	x change 6051 NW 153 St. MIAMI LAKES, FL. 33014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OLIVA-SUAREZ, JEABBIE D 6824 SW 77 th Court Miami,Fl 33166-2713	x change 6051 NW 153 St. MIAMI LAKES, Fl. 33014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Gilberto F Oliva 04/28/03 (305) 446 7755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #