

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90123 034 ***150.00

DOCUMENT # P97000051955

1. Entity Name
HABA-DOM CIGARS CORP.

Principal Place of Business

12343 SW 132 COURT
MIAMI FL 33186
US

Mailing Address

12343 SW 132 COURT
MIAMI FL 33186
US

2. Principal Place of Business

2315 N.W. 107 Avenue

Suite, Apt. #, etc.

#95

City & State
Miami, FL

Zip
33172

Country
US

3. Mailing Address

2315 N.W. 107 Avenue

Suite, Apt. #, etc.

#95

City & State
Miami, FL

Zip
33172

Country
US

4. FEI Number **65-0761881**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SIERRA, FELIPE L
12343 S.W. 1321ND COURT
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name
Roberto F. Fleitas
 Street Address (P.O. Box Number is Not Acceptable)
782 N.W. Lejeune Road, Suite 530
 City
Miami **FL** Zip Code
33126

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 *Robert F. Fleitas* **04-29-02**
 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, 2002 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

TITLE **PD** ☐ Delete
 NAME **SIERRA, FELIPE L**
 STREET ADDRESS **12343 SW 132 CT**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **SD** ☒ Delete
 NAME **SIERRA, FELIPE L**
 STREET ADDRESS **12343 SW 132 CT**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Director**
 STREET ADDRESS **Francisco Javier Zamorano Saenz**
Apartado de Correos Numero 1364
Santa Cruz de Tenerife
Barrio Chamberi S/N
Islas Canarias, Espana ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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: *Robert F. Fleitas*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-02

Date

Daytime Phone #

CR2E034 (9/01)