

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90124 003 ***150.00

DOCUMENT # P97000051955

1. Entity Name

HABA-DOM CIGARS CORP.



DO NOT WRITE IN THIS SPACE

90037748

2. Principal Place of Business

2315 N.W. 107 Avenue

Suite, Apt. #, etc.

Suite 95

City & State

Miami, Florida

Zip

33172

Country

USA

3. Mailing Address

2315 N.W. 107 Avenue

Suite, Apt. #, etc.

Suite 95

City & State

Miami, Florida

Zip

33172

Country

USA

4. FEI Number

65-0761881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current 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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

President/Director

Francisco Javier Zamorano-Saenz

Las Mimosas S/N

Santa Cruz de Tenerife, SP OC

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Treasurer

Enrique Provins

Apartado de Correos 1364, Barrio

Chamberi, Santa Cruz de Tenerife, OC

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Secretary

Federico G. de Aledo y Buergo

Calle Bencomo #19 La Laguna

Santa Cruz de Tenerife OC

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Vice President

Javier Morales

Apartado de Correos 1364 Barrio

Chamberi, Santa Cruz de Tenerife SP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03

Date

Daytime Phone #

CR2E034B (12/02)