

2000 UNIFORM BUSINESS REPORT (UBR)

5

FILED

Jun 08, 2000 8:00 am
Secretary of State

05-05-2000 90009 038 ***150.00

DOCUMENT # P97000053383

1. Entity Name

RODON CIGARS, INC.

Principal Place of Business

Mailing Address

7440 S.W. 50TH TERRACE
SUITE 109
MIAMI FL 33155

P.O. BOX
8567 CORAL WAY, SUITE 174
MIAMI FL 33155-2335

2. Principal Place of Business

P.O. Box 2

3. Mailing Address

8567 S.W. 24ST

Suite, Apt. #, etc.

8567 CORAL WAY Suite 174

Suite, Apt. #, etc.

Suite 174

City & State

MIAMI FL

City & State

MIAMI, FL

Zip

33155

Country

USA

Zip

33155

Country

U.S.A.

4. FEI Number

65-0761782

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RODON, ALLEN~~
~~7440 S.W. 50TH TERRACE~~
~~SUITE 109~~
~~MIAMI FL 33155~~

Allen Rodon
10410 S.W. 41ST
MIAMI, FL
33165

Name
~~ALLEN - RODON~~
Street Address (P.O. Box Number is Not Acceptable)
~~P.O. Box 8567~~
CORAL WAY, Suite 174
City
MIAMI FL Zip Code
33155

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

✓ Allen Rodon

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/00

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSV
RODON, ALLEN
7440 S.W. 50TH TERRACE, #109
MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSV
RODON, ALLEN
P.O. BOX 8567, CORAL WAY, Suite 174
MIAMI, FLA 33155 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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: ✓ Allen Rodon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

3/27/00

Date

Daytime Phone #

CR2F034 (12/98)