

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P97000065138**

1. Entity Name

**CAMILO HUMIDOR, INC.**

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90210 023 \*\*\*150.00

Principal Place of Business 4110 LAGUNA STREET CORAL GABLES FL 33146	Mailing Address 4110 LAGUNA STREET CORAL GABLES FL 33146-1409
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0787206**

Applied For  
Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOPEZ, LUIS**  
**4110 LAGUNA STREET**  
**CORAL GABLES FL 33146**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

(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, 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	Change	Addition
PD	CAMILO LOPEZ	4110 LAGUNA ST	CORAL GABLES FL 33146	<input type="checkbox"/>	<input type="checkbox"/>
SD	LOPES JOSE	4400 SW 75 AVE	MIAMI FL 33155	<input type="checkbox"/>	<input type="checkbox"/>
TD	LOPEZ LUIS	4400 SW 75 AVE	MIAMI FL 33155	<input type="checkbox"/>	<input type="checkbox"/>
VPD	LOPEZ, CAMILO III	4110 LAGUNA STREET	CORAL GABLES FL 33146	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

1/21/00

305-261-5366

Date

Daytime Phone #