

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065142

1. Entity Name

EL AGUILA CIGARS, CORP.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90137 003 ***150.00

Principal Place of Business

1764-1780 S.W. 1ST STREET
MIAMI FL 33135

Mailing Address

1764-1780 S.W. 1ST STREET
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0770840

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

GALLARDO, ARMANDO B
13826 S.W. 102ND TERRACE
MIAMI FL 33186

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GALLARDO, MARIELA
STREET ADDRESS 13826 S.W. 102 TERR.
CITY-ST-ZIP MIAMI FL 33186

☐ Delete

TITLE ST
NAME GALLARDO, ARMANDO
STREET ADDRESS 13826 S.W. 102 TERR.
CITY-ST-ZIP MIAMI FL 33186

☐ Delete

TITLE VP
NAME QUINTANA, PABLO
STREET ADDRESS 11807 S.W. 204 STREET
CITY-ST-ZIP MIAMI FL 33177

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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: Pablo Quintana Gillo Pablo Quintana Gillo (305) 443-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)