

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077783

1. Entity Name

AGIO CIGARS USA, INC.

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90061 014 ***150.00

Principal Place of Business

Mailing Address

5602 THOMPSON CENTER CT
STE 400
TAMPA FL 33634
US

5602 THOMPSON CENTER CT
STE 400
TAMPA FL 33634
US

2. Principal Place of Business

3. Mailing Address

5411 JOHNS ROAD

5411 JOHNS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 605

STE 605

City & State

City & State

TAMPA, FL

TAMPA, FL.

Zip

Country

33634

USA

Zip

Country

33634

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALEM, DAVID
5602 THOMPSON CENTER CT
STE 400
TAMPA FL 33634

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, 2001 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 ☐ Delete
SALEM, DAVID
STREET ADDRESS 1327 KINGS WAY LN
CITY-ST-ZIP TARPON SPRINGS FL 34689

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2001 (813) 884-4022
Date Daytime Phone #

0354982

CR2E034 (10/00)