

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90083 014 ***150.00

0334342 AV

DOCUMENT # P97000103893

1. Entity Name
CIGAR HUNTER, INC.



Principal Place of Business
**2108 N.E. 64TH STREET
FT. LAUDERDALE FL 33308**

Mailing Address
**2108 N.E. 64TH STREET
FT. LAUDERDALE FL 33308**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0797702**

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

**LAWRENCE BROWN, JEFFREY
2108 N.E. 64TH STREET
FT. LAUDERDALE FL 33308**

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. 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

5-1-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LAWRENCE BROWN, JEFFREY**
CITY-ST-ZIP **2108 N.E. 64TH STREET
FT. LAUDERDALE FL 33308**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-03

Date

8546496617

Daytime Phone #

CR2E034 (10/02)

Attachment 20# 90137087
P97000103893

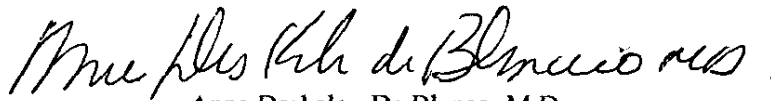
ANNE DASKALOV DE BLANCO M.D.
ALLERGY-PEDIATRICS-FAMILY PRACTICE
3333 NE 34th Street, Suite 702
FT. LAUDERDALE, FLORIDA 33308
Phone: 954-568-6177 Fax: 954-568-6435 (Auto Fax)

May 16, 2003

TO WHOM IT MAY CONCERN:

Jeff Brown has been under treatment by me for bilateral pneumonia. This condition originated approximately April 21, 2003, and caused him to become incapacitated with regard to his normal duties for a period of approximately two weeks.

Sincerely,



Anne Daskalov De Blanco, M.D.