

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104375

1. Entity Name
ZAMORA CIGARS, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90102 008 ***550.00

Principal Place of Business

10295 COLLINS AVE.
SUITE 427
MIAMI BEACH FL 33154

Mailing Address

10295 COLLINS AVE.
SUITE 427
MIAMI BEACH FL 33154

2. Principal Place of Business

13501 NW 32nd Street
Suite, Apt. #, etc.
103

3. Mailing Address

13501 NW 32nd ST
Suite, Apt. #, etc.
103

City & State

Pembroke Pines Florida

City & State

Pembroke Pines FL

Zip
33028

Country
U.S.A.

Zip
33028

Country
U.S.A.

4. FEI Number 65-0808304

Applied For
Not Applicable

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

ZAMORA, MIGUEL A
10295 COLLINS AVE. 13501 NW 32nd ST #103
SUITE 427
MIAMI BEACH FL 33154
Pembroke Pines FL
33028

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
D
ZAMORA, MIGUEL A
10295 COLLINS AVE. SUITE 427
MIAMI BEACH FL 33154
NEW ADDRES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MIGUEL A. ZAMORA
13501 NW 32nd ST #103
Pembroke Pines FL 33028

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

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

8-13-2000 954-7049454