

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104375

1. Entity Name
ZAMORA CIGARS, INC.

FILED
Apr 20, 2001 8:00 am
Secretary of State
04-20-2001 90006 024 ***150.00

Principal Place of Business

13501 NW 3RD STREET
SUITE 103
HOLLYWOOD FL 33028

Mailing Address

~~13501 NW 3RD STREET~~
~~SUITE 103~~
~~HOLLYWOOD FL 33028~~

13501 NW 3RD ST #103
Pembroke Pines FL 33028

2. Principal Place of Business

3. Mailing Address

13501 NW 3RD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

103

City & State

City & State

Pembroke Pines FL

Zip

Country

Zip

Country

33028 U.S.A.



DO NOT WRITE IN THIS SPACE

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.
SUITE 427
MIAMI BEACH FL 33154

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 ☐ Delete
NAME D
STREET ADDRESS ZAMORA, MIGUEL A
CITY-ST-ZIP 10295 COLLINS AVE. SUITE 427
MIAMI BEACH FL 33154

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

4-12-01 954-784-9454

CR2E034 (10/00)