

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009274

1. Entity Name  
**MONT CIGGARS, INC.**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90050 013 \*\*\*150.00

Principal Place of Business

Mailing Address

3831 W VINE ST  
#6  
KISSIMMEE FL 34741

3831 W VINE ST  
#6  
KISSIMMEE FL 34741-4651

2. Principal Place of Business

3. Mailing Address

3956 TOWN CENTER BLVD  
Suite, Apt. #, etc.  
276

3956 TOWN CENTER BLVD.  
Suite, Apt. #, etc.  
276

City & State  
ORLANDO FL.

City & State  
ORLANDO FL.

Zip 32837 Country

Zip 32837 Country

4. FEI Number 59-3490151

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

GAYOSO, REYNALDO  
3831 W VINE ST  
#6  
ORLANDO FL 34741

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, 2000 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 P  
NAME GAYOSO, REYNALDO  
STREET ADDRESS 3831 W VINE ST # 6  
CITY-ST-ZIP KISSIMMEE FL 34741 ☐ Delete

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

TITLE VP  
NAME ANDRADE, ANTONIO  
STREET ADDRESS 3956 TOWN CENTER BLVD #276  
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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 #

04/26/2000 407.491.2411

CR2E034 (9/99)