

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053728

1. Entity Name

THE ABSINTHE HOUSE INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90159 039 \*\*\*150.00

Principal Place of Business

Mailing Address

117 MAJORCA AVE.  
CORAL GABLES FL 33134

117 MAJORCA AVE.  
CORAL GABLES FL 33134-4508

2. Principal Place of Business

235 ALCAZAR AVENUE

Suite, Apt. #, etc.

3. Mailing Address

235 ALCAZAR AVENUE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL.

4. FEI Number

65-0850862

Applied For

Not Applicable

Zip

Country

33134

U.S.A.

Zip

Country

33134

U.S.A.

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

HERNANDEZ-CANTON, CESAR A  
117 MAJORCA AVE.  
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

235 ALCAZAR AVENUE

City

CORAL GABLES

FL

Zip Code

33134

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 DVP ☐ Delete  
NAME CALDERIN, JOHNNY  
STREET ADDRESS 117 MAJORCA AVE.  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition  
NAME 235 ALCAZAR AVENUE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME CANTON, CESAR  
STREET ADDRESS 117 MAJORCA AVE.  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition  
NAME 235 ALCAZAR AVENUE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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

Date

2/18/00

Daytime Phone #

305-446-7144

CR2E034 (9/99)