

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083448

1. Entity Name

MEDINA CIGARS, INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90052 002 ***150.00

Principal Place of Business

5610 SOUTHWEST 93RD AVENUE
MIAMI FL 33173

Mailing Address

5610 SOUTHWEST 93RD AVENUE
MIAMI FL 33173-1553

2. Principal Place of Business

542 SW 12TH Ave

3. Mailing Address

5610 SW 93TH Ave

Suite, Apt. #, etc.

3-B

Suite, Apt. #, etc.

NONE

City & State

Miami Florida

City & State

Miami Florida

Zip

33131

Country

DADE

Zip

33173

Country

DADE

4. FEI Number

65-0866191

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

MEDINA, MANUEL D

5610 SOUTHWEST 93RD AVENUE
MIAMI FL 33173

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

3/8/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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

TITLE PDVP
NAME MEDINA, MANUEL D
STREET ADDRESS 5610 SOUTHWEST 93RD AVENUE
CITY-ST-ZIP MIAMI FL 33173

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President / Vice President
NAME MEDINA MANUEL Onelio
STREET ADDRESS 5610 SW 93TH Ave
CITY-ST-ZIP MIAMI FLORIDA 33173

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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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

1/6/00 (305) 273-9382
Date Daytime Phone #

CR2E034 (9/99)