2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR P

Mar 12, 2001 8:00 am Secretary of State DOCUMENT # P98000083448 MEDINA CIGARS, INC. 03-12-2001 90421 026 ***150.00 Principal Place of Business Mailing Address 442 SW 127 AVENUE 5610 SOUTHWEST 93RD AVENUE MIAMI FL 33173 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business 3855 SW 13971 Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0866191 (On) Not Applicable ountry Country \$8.75 Additional 5. Certificate of Status Desired) VDE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEDINA, MANUEL D Street Address (P.O. Box Number is Not Acceptable) 5610 SOUTHWEST 93RD AVENUE **MIAMI FL 33173** Zip Code City 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. Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PDVP** CR2E034 (10/00) TITLE Delete Change MEDINA, MANUEL D NAME NAME STREET ADDRESS 5610 SOUTHWEST 93RD AVENUE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.