

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90103 015 \*\*\*150.00

**DOCUMENT # P98000084209**  
 1. Entity Name  
**CREATIVE FLAVOR CIGARS INC.**

Principal Place of Business      Mailing Address  
**4247 SW 75 AVE**      **4247 SW 75 AVE**  
**MIAMI FL 33155**      **MIAMI FL 33155**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **65-0946557**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PEREZ-CHAMBLESS, EVELYN I**  
**7147 S.W. 8TH STREET**  
**MIAMI FL 33144**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PSTD PEREZ-CHAMBLISS, EVELYN I 7147 S.W. 8TH STREET MIAMI FL 33144</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 **4-2-02** Daytime Phone # **305-266-2114**

CR2E034 (9/01)

Attachment

677886

# P98000084209

CREATIVE FLAVOR CIGARS INC.

AUGUST 25, 2002

DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

SUBJECT: 2002 UNIFORM BUSINESS REPORT

ENCLOSED PLEASE FIND COPY OF 2002 UNIFORM BUSINESS REPORT FILED  
ON APRIL 02, 2002. AS PER MY CONVERSATION WITH YOUR OFFICE I WAS  
ADVISED TO SEND IN COPY OF THE ORIGINAL FORM SENT WITH A NEW  
CHECK IN THE AMOUNT OF \$150.00 REPLACING THE ONE PREVIOUSLY SENT.

YOUR ATTENTION TO THIS MATTER WOULD BE GREATLY APPRECIATED.  
PLEASE DO NOT HESITATE TO CONTACT ME IF YOU HAVE ANY QUESTIONS  
305-794-8250.

SINCERELY,



EVELYN PEREZ-CHAMBLESS

ENCLOSED  
PLEASE DO NOT FORGET TO RETURN THE ORIGINAL FORM SENT WITH A NEW  
CHECK IN THE AMOUNT OF \$150.00 REPLACING THE ONE PREVIOUSLY SENT.  
YOUR ATTENTION TO THIS MATTER WOULD BE GREATLY APPRECIATED.  
PLEASE DO NOT HESITATE TO CONTACT ME IF YOU HAVE ANY QUESTIONS  
305-794-8250.