

DOCUMENT # P99000001185

1. Entity Name

LA CIGARRA HOLDINGS, INC.

Principal Place of Business

414 WEST RIVO ALTO
MIAMI BEACH FL 33139

Mailing Address

414 WEST RIVO ALTO
MIAMI BEACH FL 33139-1262

2. Principal Place of Business

3. Mailing Address

9440 NW 12 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FLORIDA

Zip

Country

Zip

Country

33172

MIAMI-DADE

4. FEL Number

65-0884477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANTON, ANDREW
414 WEST RIVO ALTO
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

JOHN MANTON

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

9440 NW 12 STREET

City

MIAMI

FL

Zip Code

33172

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

JOHN MANTON

(NOTE: Registered Agent signature required when reinstating)

DATE

04.04.2000

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

TITLE **D** ☒ Delete
NAME **MANTON, ANDREW**
STREET ADDRESS **414 WEST RIVO ALTO**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **JOHN MANTON**
STREET ADDRESS **9440 NW 12 STREET**
CITY-ST-ZIP **MIAMI FLORIDA 33172**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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 authority to be empowered.

SIGNATURE: **JOHN MANTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 24-00 (305) 450-8528

Date

Daytime Phone #

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90059 026 ***150.00



DO NOT WRITE IN THIS SPACE