

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91528 031 \*\*\*150.00

**DOCUMENT # P99000001185****1. Entity Name**  
**LA CIGARRA HOLDINGS, INC.****Principal Place of Business****414 WEST RIVO ALTO**  
**MIAMI BEACH FL 33139****Mailing Address****9440 NW 12 STREET**  
**MIAMI FL 33172****2. Principal Place of Business****3. Mailing Address****P.O. BOX 33239-398364**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**MIAMI BEACH FLA**

Zip

Country

Zip

Country

**33139****U.S.A.****4. FEI Number****65-0884477**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75 Additional**  
**Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MANTON, JOHN**  
**9440 NW 12 STREET**  
**MIAMI FL 33172**

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

**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** ☐ **\$5.00 May Be**  
**Trust Fund Contribution. Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Delete  
**D**  
**MANTON, JOHN**  
**9440 NW 12 STREET**  
**MIAMI FL 33172****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
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**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

**4/15/02**  
Date**(786) 200-6334**  
Daytime Phone #

CR2E034 (9/01)