

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000005629**

1. Entity Name  
**THE CIGAR BOX OF ISLAMORADA, INC.**

Principal Place of Business  
**80925 OVERSEAS HWY. UNIT 3  
ISLAMORADA FL 33036**

Mailing Address  
**80925 OVERSEAS HWY. UNIT 3  
ISLAMORADA FL 33036**

**FILED**

**01 JUL 18 PM 1:07**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0918937**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**MIKLAS, JOE  
88765 OVERSEAS HWY  
TAVERNIER FL 33070**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **P SCHMOV, PHILIP** ☒ Delete  
STREET ADDRESS **87200 OVERSEAS HWY UNIT V3**  
CITY-ST-ZIP **ISLAMORADA FL 33036**

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

TITLE  
NAME **T ANZALOWWE, MASLE** ☒ Delete  
STREET ADDRESS **37 ORCHARD DRIVE**  
CITY-ST-ZIP **BRIGHTWATERS NY 11718**

TITLE  
NAME **P Anzalone Michael** ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **400004526594-5** ☐ Change ☐ Addition  
STREET ADDRESS **-08/03/01--01019--025**  
CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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

Date

Daytime Phone #

CR2E034 (5/01)

646 279-1143

July 10, 01

202

# The Cigar Box of Islamorada

80925 Overseas Highway  
Islamorada Florida 33036  
(305) 517-9099  
June 8, 2001

Attachment

# P99000003629

June 10, 2001

Florida Dept. of State  
Division of Corporations  
Tallahassee, FL 32302

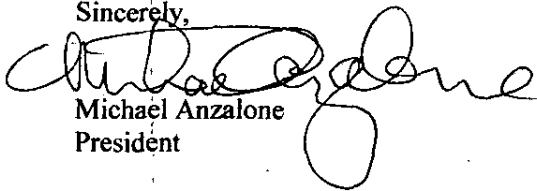
Re: UBR late filing

Dear Sir or Madam,

As per our phone conversation, I have enclosed a check for \$150.00. The president of the corporation, Phil Schmer, passed away on May 23, 2001 after a long illness. He would have been responsible for making these payments.

Thank you for your understanding the situation.

Sincerely,



Michael Anzalone  
President