

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000010248

1. Entity Name

MIAMI HAVANA INCORPORATED

Principal Place of Business

Mailing Address

MIAMI, FL

1071 SW 8th ST.
MIAMI, FL 33130

2. Principal Place of Business

MIAMI, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0891566

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

GUILLERMO PINERO
529 SW 136th PL
MIAMI, FL 33184

7. Name and Address of New Registered Agent

Name HORATIO B. BLADES
Street Address (P.O. Box Number is Not Acceptable)
201 W. SUNRISE BLVD., 2ND FLOOR
100 BUSINESS CENTRE
City FORT LAUDERDALE FL Zip Code 33311

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

Horatio B. Blades

(NOTE: Registered Agent signature required when reinstating)

11/14/2001

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

TITLE NAME GUILLERMO PINERO
STREET ADDRESS 529 SW 136th PL
CITY-ST-ZIP MIAMI, FL 33184 ☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME MANAGING PARTNER
STREET ADDRESS HORATIO B. BLADES
CITY-ST-ZIP 201 W. SUNRISE BLVD., 100 BUSINESS CENTRE
FORT LAUDERDALE, FL 33311 ☐ Change ☒ Addition

TITLE NAME MANAGING PARTNER
STREET ADDRESS ANDRE K. WILLIAMS
CITY-ST-ZIP 201 W. SUNRISE BLVD., 100 BUSINESS CENTRE
FORT LAUDERDALE, FL 33311 ☐ Change ☒ Addition

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

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

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 empowers.

SIGNATURE:

Horatio B. Blades

HORATIO B. BLADES

11/14/01 (954) 467-2796

AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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