

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90218 037 ***150.00

DOCUMENT # P99000010248

1. Entity Name
MIAMI HAVANA INCORPORATED

Principal Place of Business

1071 S.W. 8TH ST.
MIAMI FL 33130

Mailing Address

1071 S.W. 8TH ST.
MIAMI FL 33130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0891566

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

PINEIRO, GUILLERMO
529 S.W. 136TH PLACE
MIAMI FL 33184

Name **ANDRE K. WILLIAMS**
 Street Address (P.O. Box Number is Not Acceptable)
201 W. SUNRISE BLVD
2ND FLOOR
 City **FT. 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

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **PINEIRO, GUILLERMO**
 STREET ADDRESS **1071 S.W. 8TH ST.**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☒ Change ☐ Addition
 NAME **ANDRE K. WILLIAMS**
 STREET ADDRESS **1071 SW 8TH STREET**
 CITY-ST-ZIP **MIAMI, FL 33130**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **VP**
 STREET ADDRESS **H. BEANIE BLADES**
 CITY-ST-ZIP **1071 SW 8TH STREET**
MIAMI, FL 33130

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 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

04/29/02 954-524-2290
 Date Daytime Phone #

CR2E034 (9/01)