

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016834

1. Entity Name

FLETCHER CIGAR COMPANY

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90247 018 ***150.00

Principal Place of Business Mailing Address
 11214 PINES BOULEVARD, PMB 240 11214 PINES BOULEVARD, PMB 240
 PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026-4101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 11214 PINES BOULEVARD 11214 PINES BOULEVARD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 PMB 240 PMB 240

City & State City & State
 PEMBROKE PINES, FL PEMBROKE PINES, FL

Zip Country Zip Country
 33026 USA 33026 USA

4. FEI Number Applied For
 65-0900933 Not Applicable

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name Roy Fletcher
 Street Address (P.O. Box Number is Not Acceptable)
 265 SW 113 WAY
 City PEMBROKE PINES FL Zip Code 33026

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PSTD	FLETCHER, ROY M	11214 PINES BOULEVARD PEMBROKE PINES FL 33026				

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

4/30/2000

Date

954-438-8311

Daytime Phone #

CR2E034 (9/99)