

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90177 032 \*\*\*150.00

**DOCUMENT # P99000052812**



1. Entity Name  
**AVILA CIGARS CORPORATION**

Principal Place of Business  
**4445 W 16 AVENUE  
SUITE 308  
HIALEAH FL 33016**

Mailing Address  
**8004 NW 154 ST  
PMB 182  
MIAMI LAKES FL 33016**



2. Principal Place of Business  
**8004 NW 154 ST**

3. Mailing Address

Suite, Apt. #, etc.  
**182**

Suite, Apt. #, etc.

City & State  
**MIAMI LAKES, FL**

City & State

4. FEI Number **65-0928483**

Applied For  
 Not Applicable

Zip  
**33016**

Country  
**USA**

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

**NODAL, RAFEL  
8275 NW 158 TERRACE  
MIAMI LAKES FL 33016**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>NODAL, RAFAEL</b>	
STREET ADDRESS	<b>8275 NW 158 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33016</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BISCHOFF, HENRY J</b>	
STREET ADDRESS	<b>1170 HIATUS RD</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33026</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03

Date

(305) 557-6919  
Daytime Phone #

CR2E034 (10/02)