

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90122 009 ***158.75

DOCUMENT # P99000061726

1. Entity Name

SIGNATURE WINES & CIGARS INC.

Principal Place of Business

Mailing Address

8080 S.W. 8ST 8380 S.W. 8ST.
MIAMI, FL. 33144 MIAMI, FL. 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0932404

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

A0045742

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CECILIA T. RUIZ
2771 S.W. 31 PLACE
MIAMI, FL. 33133

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/03/01

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.

X

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ANGEL TRAVIESO
STREET ADDRESS 7830 S.W. CAMINO REAL #K-411
CITY-ST-ZIP MIAMI, FL. 33143

X Delete

TITLE TD
NAME
STREET ADDRESS
CITY-ST-ZIP

□ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

□ Delete

TITLE PD
NAME CECILIA T. RUIZ
STREET ADDRESS 2771 S.W. 31 PLACE
CITY-ST-ZIP MIAMI, FL. 33133

□ Change

X Addition

TITLE TD
NAME TRUJAN RUIZ
STREET ADDRESS 2771 S.W. 31 PLACE
CITY-ST-ZIP MIAMI, FL. 33133

□ Change

X Addition

TITLE SD
NAME ANGEL TRAVIESO
STREET ADDRESS 7830 S.W. CAMINO REAL #K-411
CITY-ST-ZIP MIAMI, FL. 33143

X Change

□ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ Change

□ Addition

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□ 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 empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/01 (345) 267-9600

Date

Daytime Phone #

CR2E034 (9/99)