

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073299

1. Entity Name

CIGARS OF SOUTH FLORIDA INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90862 040 \*\*\*150.00

Principal Place of Business

1050 COUNTRY CLUB DR. T-409  
MARGATE FL 33063

Mailing Address

1050 COUNTRY CLUB DR. T-409  
MARGATE FL 33063-3219

2. Principal Place of Business

3503 NW 21 COURT  
Suite, Apt. #, etc.  
COCONUT CREEK FL

3. Mailing Address

3503 NW 21 COURT  
Suite, Apt. #, etc.  
COCONUT CREEK FL



DO NOT WRITE IN THIS SPACE

City & State

33066

City & State

COCONUT CREEK FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

US

Zip

33066

Country

US

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

HOFING, KEVIN  
1050 COUNTRY CLUB DR. T-409  
MARGATE FL 33063

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

KEVIN HOFING

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

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	EDWARD HOFING
CITY - ST - ZIP	1050 COUNTRY CLUB DR T-409 MARGATE FL 33063
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT
STREET ADDRESS	KEVIN HOFING
CITY - ST - ZIP	3503 NW 21 COURT COCONUT CREEK FL 33066
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

KEVIN HOFING

4/28/00 954-979  
-2372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)