

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073711

1. Entity Name  
NET CIGAR.COM INC.

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90014 045 \*\*\*150.00

Principal Place of Business  
7601 NW 68TH ST NO. 128  
MIAMI FL 33166

Mailing Address  
7601 NW 68TH ST NO. 128  
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address  
12010 SW 97th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
MIAMI, FL

4. FEI Number  
22-3672719

Applied For  
Not Applicable

Zip

Country

Zip  
33186

Country  
MIAMI-DADE.

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

COHEN, ULISIS  
7601 NW 68TH ST NO. 128  
MIAMI FL 33166

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 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD  
NAME BARBELLA, STEPHEN  
STREET ADDRESS 40 UNDERHILL BLVD, STE# 2-D  
CITY-ST-ZIP SYOSSET, NY 11791 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

8-7-00

Date

305 8847442

Daytime Phone #

attachment # P990000737 11 DW79126

August 9, 2000

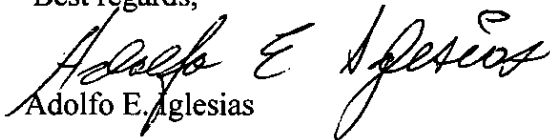
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Dear Sir or Madam:

The attached Annual Corporate Report was not filed because the corporation did not receive it. I called your office and one of your specialists instructed me to complete the Annual Report and send it along with the corporate fee. I was told they would not be penalized since it was not their fault that the report was not received.

The attached report shows all the current information for the corporation. I thank you for your assistance.

Best regards,

  
Adolfo E. Aglesias