

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90007 047 ***150.00

DOCUMENT # P99000090839

1. Entity Name
MARILYN'S CIGARS CORP.

Principal Place of Business

~~3759 PINETREE DR~~
~~MIAMI BEACH FL 33140~~

Mailing Address

~~3759 PINETREE DR~~
~~MIAMI BEACH FL 33140~~

2. Principal Place of Business

639 S.W. 8 AVE., #1

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

Zip

Country

33130

DADE

Zip

Country

4. FEI Number

65-0960035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~SANCHEZ, ADRIANA~~
~~3759 PINETREE DR~~
~~MIAMI BEACH FL 33140~~

7. Name and Address of New Registered Agent

Name **RUBEN SANCHEZ**
 Street Address (P.O. Box Number is Not Acceptable)
639 S.W. 8 AVE., #1
 City **MIAMI** **FL** **33130**

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	SANCHEZ, RUBEN	
STREET ADDRESS	3759 PINETREE DR	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, ADRIANA	
STREET ADDRESS	3759 PINETREE DR	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, RUBEN	
STREET ADDRESS	639 S.W. 8 AVE., #1	
CITY-ST-ZIP	MIAMI FL 33130	
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		
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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/02 (305) 285-3465

Date

Daytime Phone #

CR2E034 (9/01)