

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2000 90932 030 ***150.00

DOCUMENT # P99000099265

1. Entity Name

CAONABO CIGARS SALES CENTER INC.

Principal Place of Business

Mailing Address

**2500 NW 16 STREET. APT. 5
 MIAMI FL 33125**

**2500 NW 16 STREET. APT. 5
 MIAMI FL 33125-1268**

000044

2. Principal Place of Business

13392 SW 66 TERRACE

3. Mailing Address

13392 S.W. 66 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-0960693

Applied For

Not Applicable

Zip

33183

Country

USA

Zip

33183

Country

USA

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

**DOMINGUEZ, MANUEL
 2500 NW 16 STREET, APT. 5
 MIAMI FL 33125**

Name **MANUEL DOMINGUEZ**

Street Address (P.O. Box Number is Not Acceptable)

13392 S.W. 66 TERRACE

City **MIAMI**

FL

Zip Code **33183**

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 **MANUEL DOMINGUEZ** **PRESIDENT**

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 Delete
 NAME **PTD DOMINGUEZ, MANUEL**
 STREET ADDRESS **2500 NW 16 STREET, APT. 5**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE Change Addition
 NAME **PTD DOMINGUEZ MANUEL**
 STREET ADDRESS **13392 SW 66 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE Delete
 NAME **VSD SARASUA, ALBERTO F**
 STREET ADDRESS **442 HAMPTON LANE**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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 power like empowered.

SIGNATURE: **MANUEL DOMINGUEZ** Pres. **APRIL 26, 2000 305 386281**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)