

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099265

1. Entity Name

CAONABO CIGARS SALES CENTER INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90932 030 ***150.00

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

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

TITLE VSD ☐ Delete
NAME 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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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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 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)