

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90083 019 ***158.75

DOCUMENT # S09129

1. Entity Name

FUENTE & NEWMAN PREMIUM CIGARS LIMITED, INC.

Principal Place of Business

Mailing Address

PO BOX 2030
TAMPA FL 33601

PO BOX 2030
TAMPA FL 33601-2030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3036870**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHARP, WILLIAM M.
4830 W KENNEDY BLVD
SUITE 630
TAMPA FL 33609

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 \$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	D <input type="checkbox"/> Delete
NAME	FUENTE, CARLOS P.
STREET ADDRESS	ZONA FRANCA
CITY-ST-ZIP	SANTIAGO, DOMINIC.REP
TITLE	D <input type="checkbox"/> Delete
NAME	FUENTE, CARLOS A.
STREET ADDRESS	ZONA FRANCA
CITY-ST-ZIP	SANTIAGO, DOMINIC.REP
TITLE	D <input type="checkbox"/> Delete
NAME	NEWMAN, ERIC M
STREET ADDRESS	2701 16TH STREET
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> Delete
NAME	NEWMAN, ROBERT C.
STREET ADDRESS	2701 16TH STREET
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> Delete
NAME	NEWMAN, STANFORD J.
STREET ADDRESS	2701 16TH STREET
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> Delete
NAME	SHARP, WILLIAM M.
STREET ADDRESS	4830 W KENNEDY BLVD, SUITE 630
CITY-ST-ZIP	TAMPA FL 33609

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

Eric M Newman

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

1/16/00 813 248-2124

Date

Daytime Phone #