

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90029 013 \*\*\*150.00

0339428

**DOCUMENT # S09129**

1. Entity Name  
**FUENTE & NEWMAN PREMIUM CIGARS LIMITED, INC.**

Principal Place of Business  
**PO BOX 2030  
 TAMPA FL 33601**

Mailing Address  
**PO BOX 2030  
 TAMPA FL 33601**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3036870**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**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 \_\_\_\_\_ (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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input type="checkbox"/> Delete	D	FUENTE, CARLOS P.	ZONA FRANCA SANTIAGO, DOMINIC.REP	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	FUENTE, CARLOS A.	ZONA FRANCA SANTIAGO, DOMINIC.REP	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	NEWMAN, ERIC M.	2701 16TH STREET TAMPA FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	NEWMAN, ROBERT C.	2701 16TH STREET TAMPA FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	NEWMAN, STANFORD J.	2701 16TH STREET TAMPA FL	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Delete	D	SHARP, WILLIAM M.	4830 W KENNEDY BLVD, SUITE 630 TAMPA FL 33609	<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

**SIGNATURE:**

*Eric Newman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01  
 Date

(813) 248-2124  
 Daytime Phone #

CR2E034 (10/00)