

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S09129

**Entity Name:** ARTURO FUENTE CIGAR COMPANY

**Current Principal Place of Business:**

2701 NORTH 16TH STREET  
TAMPA, FL 33605

**Current Mailing Address:**

P.O. BOX 76219  
TAMPA, FL 33605 US

**FEI Number:** 59-3036870

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMITH, KAREN R  
1310 N. 22ND STREET  
TAMPA, FL 33605 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name FUENTE, LIANA  
Address 1310 N. 22ND STREET  
City-State-Zip: TAMPA FL 33605

Title D  
Name FUENTE, CARLOS P  
Address 1310 N. 22ND STREET  
City-State-Zip: TAMPA FL 33605

Title DIRECTOR, PRESIDENT  
Name NEWMAN, ERIC M  
Address 2701 16TH STREET  
City-State-Zip: TAMPA FL

Title DIRECTOR, VP  
Name NEWMAN, ROBERT C  
Address 2701 16TH STREET  
City-State-Zip: TAMPA FL

Title D  
Name NEWMAN, ANDREW M  
Address 2701 16TH STREET  
City-State-Zip: TAMPA FL 33605

Title DIRECTOR, VP, SECRETARY,  
TREASURER  
Name SUAREZ, CYNTHIA F  
Address 1310 N. 22ND STREET  
City-State-Zip: TAMPA FL 33605

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARLOS P. FUENTE

**DIRECTOR**

**01/28/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date