

6/14

FILED
Jul 06, 2001 8:00 am
Secretary of State

06-14-2001 90006 008 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103092

1. Entity Name

THE GREAT JUICE CORP. (changed to)

DAMON INDUSTRIES FRUITFUL CORP.

Principal Place of Business

7000 WEST PALMETTO PARK ROAD SUITE 200
BOCA RATON FL 33433

Mailing Address

7000 WEST PALMETTO PARK ROAD SUITE 200
BOCA RATON FL 33433

2. Principal Place of Business

700 S. Federal Hwy.
Suite 200-SZG
Boca Raton, FL 33432

3. Mailing Address

700 S. Federal Hwy.
Suite 200-SZG
Boca Raton, FL 33432

4. FEI Number

65-1116881

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARELLEK, STEVEN
7000 WEST PALMETTO PARK ROAD SUITE 200
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name: Garellek, Steven
Street: 700 S. Federal Hwy., Suite 200
City: Boca Raton, FL 33432
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, 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

TITLE: PRESIDENT (PVST) ☐ Delete
 NAME: Robert ARMAND
 STREET ADDRESS: 16334 OSPREY TRACE
 CITY-ST-ZIP: WEST PALM BEACH FL 33412

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

TITLE: ☐ Delete
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 STREET ADDRESS:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert ARMAND

June 7th 01 (561) 3869419

Date

Daytime Phone #