

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90736 040 ***150.00

DOCUMENT # P 01000010609

1. Entity Name
Mission Cup, Inc.

DO NOT WRITE IN THIS SPACE

BU16J011

2. Principal Place of Business
4100 N. Powerline Road

3. Mailing Address
4100 N. Powerline Road

Suite, Apt., #, etc.
Building E - Suite 3

Suite, Apt., #, etc.
Building E - Suite 3

DO NOT WRITE IN THIS SPACE

City & State
Pompano Beach, Fl

City & State
Pompano Beach, Fl

4. FEI Number
77-0593140

Applied For
Not Applicable

Zip
33073

Country
USA

Zip
33073

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Joseph A. Vecchio

Street Address (P.O. Box Number is Not Acceptable)
2929 East Commercial Blvd.

Penthouse Suite A

City Ft. Lauderdale FL Zip Code 33308

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.

Joseph A. Vecchio

5/24/02

(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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME P/VP/T/S
STREET ADDRESS Joseph Inzitari
CITY - ST - ZIP 2929 E. Commercial Blvd.
Penthouse Suite A
Ft. Lauderdale, Fl 33308

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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Josph Inzitari 5/24/02 (954)977-7499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)