

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

0792478
AV

DOCUMENT # **P01000071839**



1. Entity Name
GUAVA & JAVA - MIA, INC.

03-12-2003 90106 014 ***150.00

Principal Place of Business
**16445 COLLINS AVENUE #2328
SUNNY ISLES BEACH FL 33160**

Mailing Address
**16445 COLLINS AVENUE #2328
SUNNY ISLES BEACH FL 33160**



2. Principal Place of Business
MIAMI INT'L AIRPORT

3. Mailing Address

Suite, Apt. #, etc.
COURCOURSE G Gate G8

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Miami Florida

City & State

4. FEI Number **65-1125271**
Applied For
 Not Applicable

Zip
33126

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

**MARCUS, JEFFREY I CPA
4300 NORTH UNIVERSITY DRIVE
SUITE #D-206
LAUDERHILL FL 33351**

Name **Bhasker, Rita**
Street Address (P.O. Box Number is Not Acceptable)
16445 Collins Ave #2328
City **Sunny Isles Beach FL** Zip Code **33160**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **3.10.03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STERLING, DAVID	<input type="checkbox"/> Delete
NAME STERLING, DAVID	
STREET ADDRESS 16445 COLLINS AVENUE #2328	
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160	
TITLE BHASKER, RITA	<input type="checkbox"/> Delete
NAME BHASKER, RITA	
STREET ADDRESS 6429 WOODVILLE DRIVE	
CITY-ST-ZIP FALLS CHURCH VA 22044	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STERLING, DAVID	
STREET ADDRESS 16445 Collins Ave #2328	
CITY-ST-ZIP Sunny Isles Beach, FL 33160	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BHASKER, RITA	
STREET ADDRESS 6429 WOODVILLE DR.	
CITY-ST-ZIP Falls Church VA 22044	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **STERLING, DAVID** DATE **3.10.03** DAYTIME PHONE # **702.501.4800**

CR2E034 (10/02)