

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-12-2003 90106 001 ***150.00

03712020
AV

DOCUMENT # P02000073952

1. Entity Name
GUAVA AND JAVA MANAGEMENT, INC.



Principal Place of Business
**6890 WEST OAKLAND PARK BLVD.
SUITE 202
SUNRISE FL 33351**

Mailing Address
**8890 WEST OAKLAND PARK BLVD.
SUITE 202
SUNRISE FL 33351**



2. Principal Place of Business
**MIAMI INT'L AIRPORT
Suite, Apt. #, etc.
CONCOURSE G
City & State
Miami Florida -
Zip Country
33126**

3. Mailing Address
**16445 Collins Ave.
Suite, Apt. #, etc.
2328
City & State
Sunny Isles Beach FL
Zip Country
33160**

CHECK HERE IF MAKING CHANGES

4. FEI Number **13-4205306** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**JEFFERY I. MARCUS, C.P.A., P.A.
8890 WEST OAKLAND PARK BLVD.
SUITE 202
SUNRISE FL 33351**

7. Name and Address of New Registered Agent
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  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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete BHASKER, RITA 6429 WOODVILLE DRIVE FALLS CHURCH VA 22040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete STERLING, DAVID 16445 COLLINS AVENUE, #2328 SUNNY ISLES BEACH FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT BHASKER, RITA 6429 WOODVILLE DRIVE FALLS CHURCH VA 22040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICE PRESIDENT 16445 COLLINS AVE #2328 SUNNY ISLES BEACH FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **3.10.03** TIME **703.501.4800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **305.870.0202**

CR2E034 (10/02)